

**AGENCY AND WELLBEING IN THE
CONTEXT OF EARLY MARRIAGE: A
QUALITATIVE INQUIRY INTO THE NORTHERN
NIGERIAN CONTEXT.**

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Abstract.

According to the literature, early marriage remains a problem due to the limitations it places on the educational and economic opportunities of the young girls involved, as well as the variety of health complications they suffer as a result of this. Although early marriage is prevalent in Nigeria, regional differences indicate the northern part of the country as having a higher percentage of girls who marry before the age of 18 compared to the south. Most research and advocacy efforts, as well as related programmes and policies, rightfully focus on the prevention of early marriage but neglect the adolescent girls who are already married. This study focuses on the lives of young married girls, highlighting the *process* through which they get married as told from their own perspective, and explores their accounts of life after marriage particularly illuminating their health needs and overall wellbeing. Using semi-structured interviews, focus group discussions participatory techniques, and participant observations, 24 young married girls between the ages of 15-25 from Nasarawa state in Nigeria, were recruited for this study, adopting a mixture of principles borrowed from ethnography and grounded theory. The analysis highlights the personal agency exercised by some of the girls in their decisions to get married but also demonstrates how said agency is constrained by the context in which it is exercised. Analysis further reveals the underlying influences behind the constructions of health and illness held by young girls and explores ways in which they primarily seek to address their health and wellbeing. The accounts of these girls also point to strong associations between their wellbeing, economic factors, relationships and experiencing self-worth. This dissertation will contribute to knowledge around early marriage in Nigeria and Sub-Saharan Africa and highlight nuances around the decision-making process at the time of marriage. It also offers insights as to how young girls construct wellbeing in the context of marriage hereby contributing to knowledge around wellbeing in poorer populations in Nigeria and arguably, similar African contexts.

Key words: Early marriage, agency, health, wellbeing.

Declaration

I hereby declare that this submission is my own work and that, to the best of my knowledge, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree of the university or other institute of higher learning, except where due acknowledgement has been made in the text.

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Acronyms and Abbreviations

Acronym/ Abbreviation	Meaning
ACRWC	African Charter on the Rights and Welfare of the Child
AHIP	Action Health Incorporated
AWAS	A World at School
BBC	British Broadcasting Cooperation
CRC	Convention on the Right of the Child
CILS	Centre For Islamic and Legal studies (ABU, Zaria)
CLGF	Commonwealth Local Government Forum
CWIQ	Core Welfare Indicators Questionnaire
CRA	Child rights Act
CRR	Centre for Reproductive Rights, Nigeria
DV	Domestic Violence
GT	Grounded Theory

FGDs	Focus group discussions
FCT	Federal Capital Territory
EFInA	Enhancing Financial Innovation & Access
GDP	Gross Domestic Product
GNB	Girls not Brides
GT	Grounded theory
HBM	Health Belief Model
HRH	Human resources for health
IAC	Inter-African Committee on Traditional Practices
IMF	International Monetary fund
IPPF	International Planned Parenthood Federation
IRIN	Integrated Regional Information Networks
ITN	Insecticide Treated Nets
LMICs	LMICs Low and Middle-Income countries
MDGs	Millennium Development Goals

MMR	Maternal Mortality Ratio
NBS	National Bureau of Statistics
NOP	No one Present
NMOH	Nasarawa State Ministry of Health
NPC	National Population Commission of Nigeria
OAU	Organization of African Unity
PADHI	Psychosocial Assessment of Development and Humanitarian Interventions
PO	Participant Observation
PPA	Participatory Poverty Assessment
PPMV's	Proprietary patent medicine vendors
PRB	Population Reference Bureau
PWC	Price water Co-operation
QMU	Queen Margaret University
RVF	Recto Vagina Fistulae
SDT	Subjective Determination Theory

SPARC	Social policy Analysis and Research Centre
SSA	Sun-Saharan African
STI's	Sexually transmitted Diseases
SWB	Subjective wellbeing
UN	United Nations
UNICEF	United Nations Children Fund
UNCRC	United Nations Conventions on the Rights of a child
UNIDIR	United Nations Institute for Disarmament Research
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Development Fund
VVF	Vesico Vagina Fistulae
WLUML	Women Living Under Muslim and Islamic Laws
WHO	World Health Organisation
WHOQOL	The World Health Organization Quality of Life

CHAPTER 1: Introduction

1.0 Focus of the chapter

The aim of this chapter is twofold: one, to establish the premise of the study by introducing the particular focus of this research as well as highlight the aim and research questions guiding this study. The second aim of this chapter is to set an outline for this thesis where an introduction of subsequent chapters will be presented.

This qualitative study explores the lived experience of the marriage for young girls ages 15-25, as told from their perspective. This includes highlighting the decision-making process, both those leading up to marriage, as well as the decision-making process after marriage, particularly regarding issues central to health and wellbeing. A focus on the lives and perspectives of young married girls is explained below with reasons provided to justify this focus.

Firstly, the United Nations Children Fund UNICEF (2014) reports that more than 700 million women alive today were married before their 18th birthday¹. Previously, the United Nations Development Fund (UNFPA 2013) also estimated that by the year 2050, if prevalence remains at the current rate, 1.4 billion girls would be married before they turn 18. These figures largely reflect the situation in the global south where poverty is widespread, low levels of education are common and socio-cultural values and expectations that promote early marriage are observed (UNFPA 2012). UNICEF (2015) reports that Nigeria is home to the largest number of child brides in Africa where 23 million girls and women married as children, residing mostly in poor and rural contexts. They further project that by 2050, the African continent alone is expected to have the largest number and global share/ burden of child brides if current trends continue. In Nigeria where this research takes place, 43% of girls marry before they turn 18 years old

¹ Source is UNICEF global databases, 2014, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys, 2005-2013.

(UNICEF 2016)². This national figure however masks the regional discrepancy that exists between the north and south of the country, where in the north, 38% of girls are married before the age of 15 compared to 10% of same aged girls in the south (Adebowale et al. 2012)³. Furthermore, some regions in the north have higher rates than others such as the North East where 70% of girls get married before they turn 18, compared to 10% in the south-south (UNICEF 2016). With these high figures recorded on a global scale and within the Nigerian context, national and international organizations such as the United Nations (UN), and some of its consortia, such as UNICEF, UNFPA, the World Health Organization (WHO) and the World Bank as well as other global advocates, have put much effort into curbing the practice of early marriage. However, the lived experience of girls who are already married especially within Northern Nigeria and other similar contexts, has been largely neglected, for several reasons. Firstly, there is a particular focus on the high number of girls who get married as children. Researchers and advocates rightfully use these high figures of girls married before 18, to strengthen arguments aimed at eliminating the practice of early marriage (reasons for adopting the term early marriage will be explained in chapter 2). However, this focus on figures has led to a neglect of the girls who make up these statistics. Hereby, little attention has been paid to the lives that they face after marriage (Segal-Engelchin et al. 2016). Paying attention to the lives that girls live when they are married helps to shed more light on the specific health challenges they face as a result of marrying early, as well as provide an investigation into the ways they are able to adapt to their lives as wives, and in most cases, mothers. As Mensch et al. (1998) argue, after marriage, a girl shifts her focus from exploring worlds of work and education to family life and motherhood. This therefore means that marriage in itself confers a different set of expectations and pressures (Erulkar and Bello 2007) than those she is used to as an unmarried girl. Yet, little research has been conducted to understand the context of married life in Northern Nigeria, as well as similar regions where this practice occurs. The amount of research into the context of married life as a young girl is glaringly sparse compared to the amount of research conducted into preventing early

² National DHS 2013.

³ National DHS 2008

marriage. Thus, a focus on these girls helps to throw more light, particularly in terms of research into this area.

Secondly, there is a general tendency for advocacy efforts, as well as development and health policies, to focus on unmarried adolescent girls, or married women (Chau et al. 2015). This leaves young married girls in a policy vacuum (Population Reference Bureau-PRB 2011) in terms of existing initiatives targeting females of all ages. This is a problem because the girls who are married cannot entirely relate to messages or interventions that target unmarried girls (such as abstinence messages, protection against sexually transmitted diseases (STIs) from multiple sex partners among others). Thus, a focus on the unmarried in a bid to stop early marriage sidelines and excludes a high population of girls from targeted services that could be beneficial to them. Santhya and Jejeebhoy (2003) further argue that most reproductive health programs have conventionally focused on adult and unmarried adolescents, neglecting married girls.

In the course of the thesis, I argue that it is important to explore the lives of girls who are already married, as it is both an ethical and moral approach that sees these girls as more than just missed opportunities in the campaigns against early marriage and recognizes the faces that exist behind the statistics. I also argue that it is important to understand the perspectives of these young girls, as this can further help to assess what areas of support and assistance that they may need in their lives.

Furthermore, exploring the decision-making process at the time of marriage also fills a specific void in the literature surrounding early marriage. Indeed, many studies on early marriage do not explore the process through which marriage occurs. Rather, a focus on the causes and consequences of early marriage, as well as the timing of marriage, seems to dominate the literature (Mathur et al. 2003; Otoo-Oyortey and Pobi 2003; UNICEF 2001; UNFPA 2012; UNICEF 2014), alongside being mostly quantitative in nature. Subsequently, this focus hereby misses on exploring the reasoning and decision-making processes at the time of marriage, and potentially, the diversity of different forms of

agency exercised by the girls involved. A focus on agency is important because exploring its display further moves away from the norm in the literature regarding early marriage that sees girls as victimized by oppressive parents (Callaghan et al. 2015) within a largely patriarchal system. Instead, they can be seen as individuals who are able to display some form of decision-making about their lives, albeit constrained, due to the limited alternatives at their disposal. Van Dijk et al. (2007, p.1) also propose that a focus on agency can arguably reflect and show the “possibilities and opportunities that individuals and social groups perceive when faced with circumstances that make up so much of African life”. Through this thesis and through the accounts of the girls in this study, I avoid defining agency as freedom but rather explain it as contextual that is, delineating the contextual nature of agency. Thus, exploring agency and choice in context can further explain much of what happens at the time of marriage in these regions in Nigeria and indeed similar regions sub-Saharan Africa, and also highlight the alternatives (and the extent to which they are viable) that exist within the African context as relates to early marriage. This thesis thus seeks to ground the lived experiences of girls within their local contexts, and further challenges the exclusion of women in areas that define problems that relates to their lives and their corresponding solutions (Dutta 2008; Dutta and Basnyat 2008).

In this thesis, I will argue that young married girls are able to critically think, explain and interpret their present circumstances and are not just passive participants in issues that concern their lives. Furthermore, as Camfield and Tafere (2011) note, early marriage is mostly under-researched, with the majority of the research and literature on this topic produced by, or in association with, many development agencies, international charities and organizations such as UNICEF (2001; 2014), United Nations Educational Scientific and Cultural Organization (UNESCO 2002), UNFPA (2017). However, within this scholarship, the opinions, views, perspectives and indeed “The ‘voice’ of women (particularly African women)” (Callaghan et al. 2015, p.507) are conspicuously missing. This thesis hereby illuminates the voices, perspectives and experiences of young married girls in African settings and puts them at the center of efforts that target them. As Cornwall

(2003) argues, if people, in this case, campaigners, are to bring meaningful and effective social change, there needs to be an involvement and engagement of those who are most affected by the issue. In this case, young married girls.

Exploring health and wellbeing within the context of marriage also aids in a better understanding of the particular health issues faced by young married girls. This focus also helps to see how they seek to address these issues and provides an understanding as to what is important and relevant in their ability to live and flourish as young wives and mothers in resource poor settings. This study will therefore provide an insight into married girls' health and wellbeing in this context.

Furthermore, this thesis also explores to some extent what it means to be a woman in this context. Although labelling or referring to a girl as a woman might be seen as a disconnect, this reference will be explored in the subsequent sections. Exploring womanhood in this context ties in with broader issues surrounding society, gender, family and labor, and how young girls negotiate with the social structures in a bid to improve their lives.

The next section will present the aim and research questions guiding this study.

1.1 Aim and Research Questions.

1.1.1 Aim

The aim of this study is to explore the lived experience of early marriage for girls in North-central Nigeria. More specifically, the study seeks to explore whether and how girls have room to exert agency, and the existing constraints on their agency, by examining decision-making processes before, during and after marriage. Furthermore, this study seeks to explore health and wellbeing in the lives of young married girls, in particular, how they construct health and wellbeing, what aspects of these are key to their lives, and what strategies they use to enhance or pursue health wellbeing. For the purpose of this

research, the term young married girls applies to the broad spectrum of girls that were interviewed for this study, aged 15-25 years.

1.1.2 Research Questions.

This research adopts a qualitative approach, informed by principles of grounded theory (GT) and ethnography. Streubert and Carpenter (1999, p.2) note that the principal goal of grounded theorists and ethnographic researchers is to conduct an in-depth study about a phenomenon as it occurs normally/naturally in life. As with most research projects, (especially those borrowing principles of GT), research questions are likely to change in the course of the study. This study was largely aimed at addressing the lived experiences of early marriage. However, during the process of data collection, the research was further streamlined to reflect the dominant themes that were developing and as such, the research questions were adjusted to address these relevant issues, in order to give more understanding of the lives of young married girls in Northern Nigeria. As such, the final research question is presented below:

What are the lived experiences of marriage for young girls as pertains to agency, health and wellbeing, as told from their perspective?

To further clarify, these are broken down into three sub questions to reflect the broader overarching question.

- a) What are the circumstances surrounding the decision to be married, as told by the young girls?
- b) How/whether agency and choice are explored before and after marriage?
- c) How does this experience of marriage inform the health and wellbeing of these girls?

The next section of this chapter seeks to lay out the outline of the thesis and introduce the subsequent chapters.

1.2 Outline of thesis.

Chapter 1 has sought to explain focus of this thesis as a whole and explain the reason behind an emphasis on young married girls and their experiences before and after marriage.

Chapter 2 will consist of a literature review of the major concepts in this study, such as early marriage, agency, health and wellbeing. I will also explore concepts such as intersectionality, and health seeking behaviors, which are useful in interpreting the findings of the study. I will conceptualize agency as relates to this study and detangle notions of resistance from agency which will later be useful to understand the findings in this study. The structuration theory will also be reviewed, which will be later applied to the findings to understand the exercise of agency as pertains to structure. In this chapter, I will justify the place of literature review in a study adopting grounded theory principles, as this is a contentious issue in the literature. I will also explain my use of the term early marriage as opposed to forced or child marriage, after which I will lay a framework through which we can understand the prevalence and practice of early marriage both on a global scale and in the Nigerian context.

Chapter 3 will present a background into the Nigerian setting in terms of geography, the economy, education and the health care system, including discussions on maternal, neonatal and child health as well as discussions on gender to provide a background for the reader to understand the context in which this research takes place. This chapter will also briefly explain the geographical and economic context of the specific location in Nigeria where this research took place.

Chapter 4 will delineate the methodology used. I will discuss the adoption of GT and ethnography and explain how they are used in this study. In this chapter, the epistemology and methodology adopted will be discussed. I will also highlight the methods used as well as describe the sampling and recruitment of participants. I will discuss issues relating to language and interpretation, as well as ethics surrounding this research. This chapter will be rounded off on a reflective note as I explore how self was negotiated with and presented during the research process.

Chapter 5 is the first of three empirical chapters focusing on the findings of this study. This chapter seeks to highlight how agency and choice play a role in the decision-making process at the time of marriage as told from the perspective of young married girls. In this chapter, I argue that understanding the context in which these girls are situated prior to marriage can aid in understanding the context in which decisions relating to marriage are made. It also highlights how girls begin to make choices regarding marriage and thus display agency, albeit constrained in light of the circumstances they live in and alternatives that are available to them. I conclude this chapter by exploring how parents react to the display of agency by young girls regarding their choice to get married.

Chapter 6 examines issues surrounding health and illness in the life of a young married girl. Because this chapter deals with such a broad issue, the sections will be broken down into three distinct parts, each addressing various issues relating to health and illness. The first section will set a foundation and begin with an analysis of the general constructions of health and illness held by the girls in this study. Here, I argue that understanding these constructions in the broader context such as the socio-economic, religious, cultural and social, can help to reveal the underlying influences of said constructions, and how, (if at all) these constructions affect health seeking behavior. The second section specifically presents the common illnesses that young married girls face and analyses their choices of health care providers. These choices illuminate the nature of health care available to young girls in terms of both quality and quantity. By looking at health and illness, we see how young married girls make sense of illnesses and explore health culture i.e. the logic behind

interpretations and knowledge of illnesses that they experience and preventative and curative actions. The third and last section highlights experiences of childbirth in the life of a young girl. Exploring these experiences is important in understanding how young girls seek to address their pregnancies especially as pregnancy-related complications are the leading causes of death for young girls in low and middle-income countries (LMICs) (WHO 2011). It explores decisions around health care at this time of childbirth using different health care providers. This analysis of girls' experiences of maternity care as well as the role of diverse actors on the health scene provides insight into the nature and structure of the health system in this community. I conclude this chapter by discussing the nature of the relationships between the girls and the people in their lives e.g. their husbands, mothers-in-law, nurses and midwives, and how these relationships matter for the health of the girls and their children.

Chapter 7 examines wellbeing in the life of young girls. This chapter uses the framework of wellbeing proposed by Sarah White (2009) to interpret the findings in this chapter. Through an understanding of how money and having a business affects wellbeing, the findings will show how young girls conceptualize wellbeing through their ability to exercise agency, access resources, experience self-worth, and sustain close relationships (hereby highlighting the *nature* of relationships they have).

Chapter 8 serves as a discussion and conclusion chapter where the findings will be discussed and how they contribute to the existing body of literature. I will conclude this chapter, and this thesis, with a discussion on the credibility and transferability of this research, highlight areas for further research and the contributions to policy and practice.

The next chapter now reviews the literature as relates to major concepts in this study; early marriage, health and illness, wellbeing and the structuration theory.

CHAPTER 2: Literature review.

2.0 Introduction

The aim of this chapter is three-fold: to review the main concepts in this study: early marriage, health and illness, wellbeing, agency and the structuration theory. Early marriage is often used interchangeably with forced marriage, underage marriage and child marriage. I will explain below why it is beneficial to adopt the term early marriage in the context of this study, and why it provides a good foundation from which to view and understand the lives of these girls and the choices they make. I will then present a review of the literature on the causes and consequences of early marriage and present human rights arguments relating to this practice. I will also explain early marriage through a lens of intersectionality and not merely a gendered lens, which will help in further understanding this practice as well as set the scene for understanding the findings of this study, particularly in chapter 5. Major theories on wellbeing and agency will be reviewed after which I will seek to explain the structuration theory, which will further guide this study.

As stated in Chapter 1, this thesis adopted a grounded theory (GT) methodology as well as an ethnographic approach. However, carrying out a literature review is generally considered a contentious, divisive subject among GT researchers, which continues to spark debate (Dunne 2011). I will therefore briefly discuss the source of contention, after which I will provide a basis or a justification for carrying one out.

2.1 Literature Review in GT studies: Contentions, consensus and justification

Undertaking a literature review before data collection and analysis has always been a contentious subject in studies adopting a GT approach. However, the main focus is not whether a literature review should be conducted, as the general consensus states that it should (Dunne 2011) but rather when it this should take place and *how extensive* it should

be (Cutcliffe 2000; McGhee et al. 2007). One of the developers of constructivist GT, Bryant and Charmaz further comments:

.....Ever since the publication of *The Discovery of Grounded Theory*, concerns have arisen regarding how students and researchers should approach and use the existing literature relevant to their research topic (Bryant and Charmaz 2007, p. 19).

This contention rests on the forced versus emerging debate that plays out between the main proponents of GT (Glaser and Strauss 1967; Glaser 1992, 1998; Strauss and Corbin 2008). I will now explore this, delineating the positions of Glaser and Strauss, and how these positions have developed.

Glaser and Strauss (1967), in their groundbreaking book on GT, firmly advised against conducting a literature review in the substantive area of one's research at an early stage in the research process. In their own words they ask a researcher "... literally to ignore the literature of theory and fact on the area under study' (Glaser and Strauss 1967, p. 37). Other researchers like Nathaniel (2006) echo this position, while Holton (2007) absolutely states that "grounded theory requires the researcher to enter the research field with no preconceived problem statement, interview protocols, or extensive review of literature" (p. 269). The foundation for this argument is based on the premise that conducting a literature review prior to entering the field will only serve to contaminate the data collection process, analysis and the subsequent developing theory, as the researcher has been exposed to, or is privy to existing frameworks and theoretical ideas. The pre-existing frameworks they argue, will subsequently call into question the authenticity of the study and how rooted the theory is in the data collected. This, they believed, would aid in an organic emerging of categories from the analysis of the empirical data. Although the principle of generally avoiding preexisting frameworks is associated with most qualitative research (Heath 2006), GT particularly emphasizes this stance as the methodology is thought to particularly reveal pure empirical data, that is information arising solely from

data gathered and no outside sources. Thus, in this sense, Glaser (1992) argues that grounded theorists must ‘learn not to know’ (p.63) to prevent preconceived ideas in the literature from affecting their analysis and structuring of questions prior to entering the field.

Although the reasons against carrying out a literature review in a GT inclined study have been explained above, the practicalities and likelihood of adhering to these principles are very slim. This difficulty is further highlighted for a PhD student, as ethical approval and academic progression at a doctoral level largely depends on the production of a literature review prior to entering the field (McGhee et al. 2007; Dunne 2011). Moreover, various authors argue that without conducting a literature review prior to entering the field, adequate rationale for the study cannot be provided (Coyne and Cowley 2006; McGhee et al. 2007). Reviewing the literature aids in identifying relevant gaps, (Creswell 1998), helps to understand what exists out there (McMenamin 2006), and therefore guards against a lack of originality. Originality and contribution to existing knowledge are essential hallmarks of PhD studies.

Glaser’s concern for researchers contaminating themselves by a review of the literature is a difficult argument to make, as it is difficult to see any researcher as having no background or history, which could potentially influence data analysis (Cutcliffe 2000). Clarke (2005) also states (paraphrasing Elkins 2003) that ‘There is actually “something ludicrous about pretending to be a theoretical “virgin” (p. 13). To guard against an imposition of a researcher’s preconceived ideas, McCann and Clark (2003) suggest the use of memos to aid a more open and transparent record of the ways and manner in which a researcher’s inner dialogue influences analysis and theory development. Whether this dialogue stems from preexisting ideas or from the literature, this is to be recorded, accounted for, and taken into consideration to ensure a transparent account of the progression of the theory.

Considering these arguments, I chose to conduct an iterative process of a literature review in three stages. Firstly, I conducted an initial review before entering the field, while conducting data analysis, and finally, after analysis was complete. I will now briefly provide reasons as to why I carried out a review of the literature before data collection and subsequent analysis. An initial review took place in 2011 and expanded as the study commenced. Despite some concerns amongst researchers concerning the place and timing of literature review (see debate explained above), I argue that an initial review is important in order to identify existing knowledge as well as gaps in our understanding of the general area of research in question. The initial review revealed the dearth in the literature on issues pertaining young married girls in the global south, which further contributed to the justifications for conducting the research. This review also justified a focus on this population of girls as they are largely marginalized and overlooked when speaking of early marriage (further explained in section below). Furthermore, during the analysis of the data, Strauss and Corbin (1998) provide the researcher with the option of turning to the literature in a bid to supplement collected data. I also used this approach to both support my findings and help interpret the data collected. Although this might be seen as forcing the data, I ensured that whatever claims I made in my findings were sufficiently grounded in data. At the later stages of the analysis, a broader literature review was conducted in order to adequately link the findings of the study to existing knowledge (Strauss and Corbin 1998) where concepts that emerged from the data, such as agency, were incorporated into the already existing literature review. The research findings were compared with the literature using the constant comparative method of analysis, which will be further explained in Chapter 4.

Before presenting the global prevalence of early marriage and discussing its causes and consequences, I will first present an argument for my use of the term early marriage as opposed to child marriage and forced marriage, which are often used interchangeably in this field.

2.2 Early marriage, child marriage or forced marriage? Defining and adopting a terminology.

Up until this point in my thesis, I have used the term early marriage to refer to marriage of young girls. This is, however, generally referred to as child marriage in the literature used by international organizations such as UNICEF, UNFPA, Save the Children, Population Council and others within the international community. Although child marriage is an issue that mostly affects girls in the global south (see sections below for consequences of child marriage), it is only recently that this issue has received attention on a global scale. Although it is difficult to pinpoint what exactly was responsible for the increase in attention child marriage now has, various events can be seen to be responsible for this spark in the international community (see Hodgkinson (2016) for a timeline of child marriage on the international agenda). Events such as the passing of the bill by the US House of Representative aimed at preventing child marriage and protecting girls in the global south (Gaffney-Rhys 2010 could be seen to contribute to this. Also, the interest of the Elders, (an independent group of global leaders working together for peace and human rights established in 2007) were instrumental in the creation of the Girls Not Brides partnership. This also contributed to the rapid spread of child marriage on the agendas of governments, grass root and international organizations, and the United Nations. Below, I will argue that defining a child or childhood simply by age, cannot be applied universally. In the context of northern Nigeria and most parts of the world where early marriage is practiced, the cultural view of married adolescent girls as adults is common (UNICEF 2005) by virtue of the roles and responsibilities ascribed to them i.e. wife and mother (also see appendix 2 and Chapter 4 on ethics). In other words, once a girl is married regardless of her age, she is perceived to be a woman. I will now discuss these interchangeable concepts: early marriage, child marriage, forced marriage, and adopt one of these terminologies, which will be used in this thesis.

Early marriage, child marriage and forced marriage are often used interchangeably and while these terminologies have some similarities-marriage before the age of 18,⁴ they each have various connotations and are arguably used for specific purposes whether in academia or in practice. In this light, I argue that it is useful to adopt one of these terms.

Forced marriage can be defined as any marriage conducted without the full consent of one or both parties and where duress is a factor (Sabbe et al. 2014) or where the union lacks full and free consent of both parties. Others have added that forced marriage may include abduction and imprisonment (Kofi Annan, 2006 cited in Women Living under Islamic Laws (WLUIL 2013). In some cases, these kinds of marriages are likened to slavery as the element of being forced is involved alongside the inability to provide consent as a minor (Shahinian 2012, cited in Girls Not Brides 2015).

Child marriage on the other hand, specifically refers to marriage where one or both individuals involved are under the age of 18 (UNICEF 2005). This definition can be used to highlight the problem of the young ages at which these marriages take place where children marry children or children marry as children. However, notions of childhood (including age), depend on context and in some contexts; the marriage of older adolescents might not be seen as child marriage (World Vision 2013). This therefore poses a problem to the applicability of this definition in some contexts, and indeed some studies, as this thesis will reveal. Although childhood can be defined in terms of age it is not always a sufficient base since the fulfillment of certain rites may be more important than biological maturity (Munthali and Zulu 2007), with these rites marking the transition from one stage to the next. Furthermore, the term child creates confusion when analyzing and assessing marriage practices as young girls are seen as children in international treaties while some communities do not culturally identify these girls as children (Bakhtibekova 2014). Although the African Charter on the Rights and Welfare of the Child (ACRWC 1999) defines a child as every human being below the age of eighteen years, chronological age

⁴ Although forced marriages are not limited to age, various authors use this definition.

is seldom a cultural or socially accepted way of defining or constructing childhood (Abebe and Ofosu-Kusi 2016). In this light, what childhood means is understood per context and as such, definitions of childhood and understanding of this concept, must always take into consideration the particular social framework (Morrow 2011; Qvortrup 2010), social processes (James et al. 1998) as well as chronological age. Qvortrup et al. (2009) recognize that the term childhood is ambiguous in nature and indeed used or means different things in different contexts. These varying nature or understandings of childhood (Ruddick 2003) has led many social scientists to claim that childhood is a social construction (Montgomery 2013) where they argue that although all societies see children as different from adults, the roles and expectation of children differ per context. For example, African children take on adult roles and responsibilities whether it be by choice or force (Abebe and Ofosu-Kusi 2016) and in what Atiken (2001) terms the “un-childlike child” (p.123), millions of children live lives that mirror adults (e.g. long working hours) that impact the lives of people around them. African childhood in particular, is mostly discussed in a negative light (Abebe and Ofosu-Kusi 2016; Imoh 2016), thus flattening and ignoring the vast experiences and realities of millions of children in the continent.

Within the field of sociology, childhood seen as a state of ‘being’ and ‘becoming’ is widely discussed. In their state of being, children are seen to be internally and externally shaped, while becoming specifically relates to the wider generational and societal influences (Christiansen et al. 2006). In other words, the idea of becoming means that children are seen as people who are only on the path to becoming adults and not seen social actors. This means that notions of childhood are constructed against notions of adulthood, where childhood is only a period (Qvortrup et al. 2009) with little notions paid to the exercise of agency. However, childhood “involves its own distinctive identities and practices, which are neither “rehearsals for the adult ‘real thing’ nor even necessarily oriented to adults at all” (Bucholtz 2002, p.232). This therefore means that children can express and display agency in this period of their lives.

Furthermore, definitions that only recognize age tend to miss relationships that may be recognized in statutory or customary law as marriages. Early marriage definitions tend to acknowledge age and link this to girls or boys' readiness to marry according to the laws of the land. Thus, The Inter-African Committee on Traditional Practices (IAC) in 1993 describes it as "any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing". UNICEF (2006) further states that this can also mean the formal or informal unions before 18, where a girl lives with a partner as if married. As broad and succinct as this definition might be it, the notion of readiness in particular leaves room for alternative interpretations from religious and cultural bodies in practicing countries who view menarche (the onset of puberty) as a marker for adulthood and its related responsibilities. Furthermore, reflecting on the contentious age (below 18 years) used in defining early marriage, the very idea of adolescence or being a female adolescent is a strange concept in many societies (WLUML 2013) as a transition is automatically made from being a young girl child to an adult, with marriage a marker for this. Thus, the ages of 13-18 are not seen as childhood or adolescent years but the years in which one is preparing to marry or which a girl is ideally already married.

When the concept of forced marriage is used in relation to marriage at a young age/under 18, it reflects the commonly held perception that marriage is often considered to include an element of coercion (UNFPA 2012) and a lack of consent, where it is believed that girls rarely make an informed decision on who to marry and the subsequent implications of the marriage (UNFPA 2012). However, Sundari and Gill (2009) argue that campaigners struggle to reconcile the strict divide that exists between full consent and coercion in the cases of forced or early marriage. This is due to the range of factors that exist within certain cultures where an individual might feel physically threatened, feel emotional pressure to marry or feel the need to conform to social pressure. This range of pressures makes it difficult to assess objectively whether one or both of the parties gave full and free consent to marriage and exercised free will without falling into social and cultural traps that perpetuate this practice (Sundari and Gill 2009). Thus, a framework that only assesses

marriages based on consent and coercion might be looking at marriage through a western lens, where marriage for love is both the norm, as well as the acceptable and prevailing reason, for marriage.

Given the aforementioned problems with the terms forced and child marriage, I adopt the term early marriage, which acknowledges the centrality of age, but also recognizes that notions of childhood and adulthood vary across contexts and acknowledges the interplay and shades of grey between coercion and free will. Furthermore, when using this term, I acknowledge that marriage in many contexts where this practice occurs includes socio-cultural practices that may not be considered marriage in other settings. Although the term early might be relative, as what is early in some contexts might not be early in others (Nour 2006), I favor the definition of early marriage for this study as it highlights the cultural, religious and social practices that are behind the practice of marriage mainly relating to young girls.⁵

Having looked at and explained my reason for the term early marriage, I will now present a picture of early marriage first at a global level, and then narrow it down to the Nigerian context, highlighting the legal context of early marriage, as well as reasons/ consequences of this practice.

2.3 Global View of Early marriage.

Seven hundred million girls alive today were married by their 18th birthday (UNICEF 2015). As will be discussed in section 2.3.1 the literature reports many reasons why early marriage is considered a problem. This might explain why over the past three decades, there has been a significant effort to tackle the issue of child marriage on the international scene and within some local contexts. The spotlight on early marriage comes as international organizations such as the UN and World Bank now place women and girls

⁵ The term child marriage or forced marriage will only be used when quoting particular authors who prefer these terminologies.

at the heart of development efforts. This focus has resulted in a decline in percentages of girls getting married before the age of 15, from 12% to 8% (UNICEF 2014). This is mostly attributed to a gain in momentum in advocacy and community efforts (Plan Nepal 2012; BBC 2014), which have largely resulted in raising legal age of marriage from 15 to 18 in places such as Malawi (Dunning and Mkandawire 2015).

Table 1: 20 Countries with the highest rates of Child Marriage⁶

No	Country	Percentage (%)
1	Niger	76
2	Central African Republic	68
3	Chad	68
4	Mali	55
5	South Sudan	52
6	Burkina Faso	52
7	Guinea	52
8	Bangladesh	52
9	Mozambique	48
10	India	47
11	Malawi	46
12	Somali	45
13	Nigeria	43
14	Madagascar	41
15	Eritrea	41
16	Ethiopia	41
17	Nicaragua	41
18	Uganda	40
19	Sierra Leone	39
20	Cameron	38

Source: MICS (2014) cited from Girls not Brides (2016).

⁶ These figures show the number of girls aged 20-24, who were married or in a union before 18 years of age (UNICEF State of the World's Children, 2016). It is based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys, and refers to the most recent year available during the period 2008-2014

These figures cited above largely reflect the situation in low and middle-income countries (LMICs) or what is termed the global south in development literature (Bruce and Clark 2004). These countries are mostly found in sub-Saharan Africa (SSA) and Asia (UNICEF 2001; PRB 2005) where poverty is widespread, the level of education is low, birth and death rates are high, and poor access to health care is recorded (UNFPA 2012). Early marriage is also more common in areas where traditional attitudes towards women persist, (Levine et al. 2008) especially in regard to their status in the society and the acceptable time to get married. In such areas (which are largely represented in Table 1), women are responsible, not only for bearing and rearing children, but also meeting the needs of family members (Belhorma 2016). Critically, alternatives to this norm are not available to women in these regions, which further perpetuates the practice. In response to this high number of girls who have been married at an early age, a variety of legal frameworks have been used to curtail early marriage. While these instruments were not specifically developed to address early marriage, they have been adapted from existing legal frameworks and framed in such a way that they would be relevant to discussions, campaigns and policies targeting early marriage. These are discussed below.

2.3.1 Legal Context of Early marriage: International and National frameworks.

Debates on early marriage within the legal field are based on two central arguments: human rights violations and child rights violations⁷. Early marriage is considered a human right violation (UNFPA 2017) as individuals below the age of 18 are not considered to have attained full maturity and hence lack the capacity to act autonomously (Dixon-Mueller 2008). Issues of autonomy and consent are at the center of all human rights approaches to early marriage. The consensus behind international instruments that mention marriage rallies around the age and consent of the individual. However, these discussions made with reference to age and consent are problematized in contexts where

⁷ Although child rights are still human rights, the context of childhood makes it a complete separate set of rights.

notions of maturity and adulthood depart from western notions and perspectives. Furthermore, it is seen as a human rights violation as it overlooks the freedom of the girl and undermines her consent (or lack of it) in marriage proceedings. When a girl does not, or cannot, provide consent to marriage, it is argued that it reduces her quality of life and limits her from living a full life by virtue of her exposure to early pregnancies before she is physically and psychologically ready to be a mother (UN Women 2013).

Arguments relating specifically to an abuse or violation of child rights largely refer to the Conventions on the Right of a Child (CRC) established in 1989. The CRC defined children as individuals under the age of 18, which led to some countries setting the legal age of marriage at 18. However, laws requiring registration of marriage leaves much to be desired as marriages are either not registered in practicing regions, or when they are, the ages of girls might be inflated to reflect the national minimum age.

As stipulated in the United Nations Conventions on the Rights of child (UNCRC), children have a right to participate in decisions that concern them and a right to have their voices heard. This convention has been a major driving force for programmes and policies, such as the International Conference on Population and Development ICPD (1994), which emphasizes the need to respect reproductive rights, which are human rights. In relation to marriage, the ICPD, in Principle 9, also highlights that marriage should be entered into with the free consent of intending spouses. The reproductive health and rights approach adopted by ICPD values women intrinsically, where concern about their health and wellbeing is utmost. Thus, women's reproductive ability was no longer viewed as a means of population control and was now seen as a matter of women's empowerment and ability to exercise personal autonomy as relates to their sexual and reproductive health, within their specific contexts, i.e. social, cultural, political and economic. More specifically, the ICPD programme of action emphasizes the right to safety of sexual body as well as equality and access to health care (UNFPA 2014). Various international declarations and conventions also speak against violations of human rights caused by early marriage (see Table 2)

Furthermore, the various articles in the CRC specifically highlight the rights a child has and how early marriage opposes these (Table 2). For example, Article 24 addresses the right to health to which a child is entitled. The age at which the child gets married puts this right in jeopardy, as the health of the girl child is at a high risk of being compromised, due to complications from pregnancies that are a leading cause of death among adolescents in LMIC (WHO 2011). They are also at risk of contracting HIV/ AIDS from older, more sexually experienced spouses, which also potentially reduces their health. Articles 24, 28 and 29 also indicate that children are to have a right to education. Child marriage has been shown to largely violate this right for the girl as she is either withdrawn from school, has to drop out, or stop education altogether after marriage, thus hindering her from living a full life.

Table 2: Early Marriage and Human Rights

1	Universal Declaration of Human Rights (1948) Article 16	States that marriage shall be entered into only with the free and full consent of the intending spouses.
2	<p>The United Nations (1962)</p> <ul style="list-style-type: none"> • Convention on the Consent to Marriage, • Minimum Age for Marriage • Registration of Marriages (1964) <p>Articles 1, 2 and 3</p>	<p>Calls on members or member states to establish a minimum age of marriage, no less than 15 years.</p>
3	<p>Convention on the Elimination of All Forms of Discrimination Against Women.</p> <p>(CEDWA 1979) Articles 2 and 16</p> <p>African Charter on the Rights and Welfare of the Child (OAU 1990)</p>	<p>The betrothal and marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age of marriage.”</p>
	<p>African Charter on the Rights and Welfare of the Child (OAU 1990)</p>	<p>This suggests that a minimum age for marriage of 18 years, consistent with the definition of childhood should be adhered to as articulated in the Convention on the Rights of the Child. CEDAW recommends that the age of 18 is an ideal age for marriage as it entails that they have reached full maturity and adequate capacity to act.</p>

4	Conventions on the rights of the Child (1989)	<p>Does not <i>specifically</i> address early marriage but provides protective measures against it. The articles below show the various ways that early marriage violates the agreement due to potential consequences</p> <ul style="list-style-type: none"> • The right to health, Article 24 • The right to be protected from harmful practices, Article 24 • The right to freedom from abuse and exploitation, Articles 19, 34, 39 • The right to education, Articles 24, 28, 29 • The right to participation, Articles 12, 13, 14, 15
5	Child Rights Act (2003) Nigeria (Nigerian Government 2003)	<p>This law was passed where the minimum age of marriage was stipulated to be 18. Only a few states support the idea of a minimal age in relation to the child rights act and controversially enough, have established a minimum of 14 years as they see fit with customs. Even though 23 of the 36 states are signatories to this bill, there still leaves much to be desired by way of implementation in these states, especially those in the Northern parts (See section 2.4.1).</p>

Although these instruments are welcome in addressing women's health issues and are used in the fight against early marriage, these regulations are hard to enforce or abide by, especially when domestic structures do not facilitate the implementation of these plans. It is one thing to have a regulation or a law on paper and another thing entirely to see that law enforced within a country. Even in countries where legal frameworks are formed to protect women and children, institutional gaps exist which hinder the protection and promotion of human and reproductive rights and allow the practice of early marriage to persist. Some international conventions are legally binding while some are not, and even when legally binding, it can be hard to enforce them. The inclusion in national laws is an important step in the right direction but still hard to enforce. In many cases, the absence of legislation is an issue, while in some cases, the absence of implementation is the issue. In many countries, early marriage can be a contentious legal issue where its prohibition in civil law at national levels might not mirror its acceptability in religious laws and practices that guide communities within the country (WLUML 2013). For instance, the definition of early marriage used by most of these conventions,⁸ explain marriage to be

a formalised, binding relationship between consenting adults, i.e. individuals aged at least 18 of full maturity and capacity to act, with legal and/or social standing, in which sexual relations are legitimised and as an arena for reproduction and child rearing which has state recognition

This definition still leaves room for various interpretations of what adulthood means. It also calls in to question what full maturity means in various contexts. Who defines full maturity? Do various communities believe full maturity is only judged or assessed by age? Also, the phrase “...which has state recognition” will also be expounded upon when addressing the context of early marriage in Northern Nigeria, further highlighting the complexities that arise in national and state laws in some regions of the world.

These instruments listed in Table 2 are rooted in human rights approaches and although these instruments serve to protect and uphold the dignity of the female child with regards to early marriage, their universal application is brought into question, especially in contexts where

⁸: The Universal Declaration of Human Rights, the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC); The 1989 Convention on the Rights of the Child; and the 1990 African Charter on the Rights and Welfare of the Child.

cultural and religious values clash with the set of instruments stated above. This contention can be located within the universalist vs cultural relativist debate, which highlights conflicting views of a proposed world order and how this fits into various contexts. I will briefly present these debates and relate them to the broader issue of early marriage in the global south.

2.3.1.1 Universalism vs Cultural Relativism

Universalism is the fundamental belief that human rights are universal and should apply to every human being irrespective of ethnicity, culture, race, religion gender or age (Charters 2003). Universalism is also recognised as being rooted in human rights law, which is seen as being fundamental to all humans, inalienable and cannot be overridden by cultural or religious traditions (Buergethal 1988; Donnelly 1989)⁹. Cultural relativists object to this stance and argue that human rights are culturally dependent, where the manner of rights that can be enjoyed or claimed by a community, can only be determined by the people of that culture (Higgins 2000). They further dismiss the notion of universalism by pointing out that the principles engrained in the Universal Human Rights Declaration (1948) are a result of western political history (Global Policy Forum 2005). To further make their point, the origins of the Universal declaration are a product of Magna Carta of the United Kingdom (1215), the French Revolution (1789) and the American Bill of Rights (1791). Thus, cultural relativists argue that in a bid to extend their western ideals to every part of the world, Universalists are ultimately guilty of cultural imperialism (Global Policy Forum 2005). Atiken also argues that international conventions largely originate in the global north, influenced and informed by western norms and attempt to “establish universal standards to highly differentiated global contexts” (2001, p.124) In summary, Universalists claim culture should not be a factor in enforcing human rights while cultural relativists argue that culture *is* the determining factor in claiming these so-called rights.

Although cultural relativism has its merits on the grounds that it questions the implementation and enforcement of these universal rights, its approach has however been criticized for contradicting itself (Donnelly 1984), on the basis of being intellectually irresponsible, where any practice can be vindicated on the basis of its cultural importance (Kluckhohn 1955, cited in Brown 2008, p. 365). Furthermore, cultural relativists stand the chance of siding with “dysfunctional practices” which might be harmful, and its stance implies culture in itself is static and thus minimises social change (Zechenter 1997). Critics also argue that cultural

⁹ Key authors in this field.

relativists do not pay adequate attention to the power imbalances that exist between people (Gordon 1993). These arguments bring to light the questions relating to women's rights; how can these be claimed in contexts where women are seen as second-class citizens? What structures exist to facilitate the claiming of these rights in non-western contexts? Is there actually a place for claiming rights as a woman here? Thus, a question of whether rights trump customs or culture is raised (Charters 2003), and this is a sensitive matter for tribal / indigenous people.

These two schools of thought i.e. cultural relativism and universalism also clash on the notions of childhood. As seen in section 2.2, ideas of childhood vary across regions, with the Universalist perspective arguing that "childhood constitutes a coherent group, or a state defined by identical needs and desires, regardless of class, ethnic, or racial differences" (Fernando 2001, p.2). Cultural relativists, however argue that childhood in itself is a social construction (Rivard 2011) where "its meaning is negotiated between different individuals and groups, often with conflicting interests (IRIN 2009). Furthermore, cultural relativists' critique the Universalist approach in that it fails to take into consideration, social, cultural contexts which inherently means diversity in what childhood means per cultures/ context (Rivard 2011). His position fundamentally questions the minimum age of marriage that is widely quoted in many definitions of early marriage, which might explain why this central criterion is rejected in parts of the world where early marriage is prevalent as the belief that individuals below the age of 18, are seen as children and cannot give consent to marriage. In this debate, I understand that childhood and its expectations differ per context, which largely favours the relativist debate. This means that children transitioning to their adolescent years without having to worry about adult responsibilities are idealistic and not realistic in various settings where early marriage is practised.

Specifically relating to early marriage, locating this practice at the far end of the human rights debate, where these girls are constantly seen as females in constant need of rescuing (Ahmed et al. 2009) runs the risk of devaluing their experiences, not understanding their perspectives on early marriage and the socio-culturally mediated reasons behind their choices to get married. Indeed, in exploring universalism and cultural relativism, a lot of attention has been paid to the Muslim way of life, i.e. rules governing behavior, with particular attention to the Muslim woman where she is constantly seen as passive (Ahmed et al. 2009), essentially needing rescuing, as the veil (*hijab*) she wears signifies to many a symbol of oppression (Gill 2007). Gill (2007) also argues that within the feminist scholarship (and indeed other academic fields

as well), in the first instance, the headscarf “*Hijab*” is laden with a lot of meanings but interpretation of these headscarves alone make these women “subject to the imperializing gaze of “western feminists”, who see this as a mission - to save these women from the “tyranny and barbarism of her culture” (p. 70). These views are not helpful as will be shown in the subsequent analysis chapters as dismissive approaches towards reasons (i.e. socio-cultural) towards early marriages in particular, tend to ignore the roots causes behind why people make choices regarding this. Erturk (2011) further offers more context in which to understand early marriage as relates to debates surrounding universalism and cultural relativism. She states:

.....Women of the Global south who confront specific marriage practices that infringe on their rights often find themselves entangled within a cultural debate that imposes on women, choice between enduring oppression or siding with imperialist/ ethnocentric projects. (Erturk 2011, p. xii)

She further locates this struggle within a colonialist agenda, which for the most part addresses women’s concerns, but is also involved in promoting an imperialist stance which undermines women’s agency, especially when this exercise of agency goes against the preferred norm. Interestingly, Erturk also implies that the option of marriage is a right for some of the indigenous women of the south, which overrides universal rights so elaborately presented on global stages. This viewpoint will be reflected in the analysis chapters especially chapter 5, which shows how agency is displayed, which largely is in line with choices to get married. Furthermore, Emirie (2005) also argues that early marriage has attracted a great deal of attention and criticism from commentators outside of cultures that practice early marriage as well as internal commentators, who have been working on the issues from the point of view of their own cultural understandings (p.30). Thus, a cross cultural dialogue can also help to enlighten and re-orient cultural assumptions by outsiders and help to re-evaluate theoretical positions and understand “actual (rather than imagined or imposed) experiences” (p.30) of people who are in living, working in, and operating in these indigenous communities. As Savell (1996) argues a dialogue across cultures should not be used to silence criticism but such criticism from outside commentators should be sensitive to the focus, issues, and concerns of inside/internal debates and norms.

This next section presents the economic reasons behind early marriage.

2.3.2 Economic reasons for early marriage

Early marriage is mostly prevalent in the poorest countries in the world (Otoo-Oyortey and Pobi 2003; Bruce and Clark 2004; Erulkar and Muthengi 2009; Lemmon 2014) with higher incidences recorded in the poorest households in these countries (UNICEF 2005; Lemmon 2014; Parsons et al. 2015). This is because poor people have limited resources and opportunities to invest in alternative options for their female children (Parsons et al. 2015). As females are predominantly affected by early marriage, (and other variables associated with gender inequalities and social injustices) women form the largest percentage of the world's poor (UNDP 2009). In Moghadam's (2005) research on the feminization of poverty and women's human rights, women still account for the highest percentage of the world's poor. Feminization of poverty can be understood using three distinct meanings which can be used to understand the greater poverty rates among women globally: a) women have a higher incidence of poverty compared to men b) their poverty is more austere c) a greater trend of poverty is rising among women due to the growing rates of female-headed households (Moghadam 2005; Wrigley-Asante 2008). ¹⁰

In most countries that practice early marriage in the global south, girls living in poor households are twice as likely to get married before the age of 18 compared to girls living in richer households (Lloyd 2005). A study carried out by UNICEF in 2005 also showed that early marriage was common among the poorest 20% of practising populations in practising countries. In the countries where poverty is rampant, parents are faced with ensuring their daughters' financial security and also reducing the economic burden that girls place on the family (Nour 2009, p.53; Parsons et al. 2015). Furthermore, it has been argued that poor people who reside in rural areas engage in the practice of early marriage to relieve them of the costs associated with raising a girl child (Erulkar and Muthengi 2009).

¹⁰ Although are still subjected to poverty, women are mostly affected.

Otoo-Oyorley and Pobi add to this argument stating that:

.....globally, poverty is a major cause, as well as a consequence, of early marriage for many young girls under the age of 18. In many traditional settings, poor families use the early marriage of daughters as a strategy for reducing their own economic vulnerability, shifting the economic burden related to a daughter's care to the husband's family. (Otoo-Oyorley and Pobi 2003, p.11)

This means that early marriage is common in a context where female children are seen as an additional economic burden (Braimah 2014). Thus, in settings where poverty is rife, parents may see the marriage of their daughters as a mode of survival or a survival strategy as they are unable to secure a better life for their daughters (Belhorma 2016). Parents may also see them as “capital” by virtue of the value they bring, in exchange of goods, money or livestock from the family of the groom to the bride's family (IPPF 2006). In many cases, girls are a commodity used for settling debts or obtaining economic alliances to solidify social connections (Amin 2011). In these settings, girls are usually given away to older well off men (UNICEF 2001), with the expectation that the families of the girl will be taken care of because she is now a wife in the new household (James 2010). Furthermore, because men in this region place more value on young virgin brides, they may be willing to pay a higher bride price for them (IPPF 2006; James 2010). The younger the girl, the higher the dowry, which translates to an economic burden being lifted in terms of raising a girl child, as most parents often see this as a costly investment (food, clothes, education) (Nour 2006), especially when girls will eventually leave the house and not bear the family name. As Gaffney-Rhys observes, “poverty is one of the major factors underpinning early marriage...securing [the girl's marriage] therefore enables the family to transfer the responsibility of caring for her to others” (2011, p. 360). Raising girls is seen as being expensive (Nour 2009), with little return for investments as they eventually leave the house after education. In some cases, Schuler and Rottach (2011, p.7) report that mothers see the marriage of their daughters as a rational response to the pressures of poverty even when there is no dowry in demand.

Thus, the idea of giving one's daughter away in marriage can entice parents to continue this practice, in regions riddled with poverty. It should be noted that it is not in all cases that girls are married off to well-to-do husbands. As alluded to in the quote above, poverty can also be a consequence of early marriage, where the transfer of responsibilities shifting from one poor household to the next can continue the cycle of poverty. Although poverty is seen as a cause

of early marriage, most of the girls who get married are less able and restricted from participating in economic activities, and as such, are most likely to remain poor even after marriage (AWAS 2016), which therefore perpetuates the cycle of poverty in this region. Roy (2015) has largely argued for a deeper understanding of economic issues affecting the lives of women in the global south than just a focus on culture alone. UNICEF (2001) has further added to this point that early marriage perpetuates poverty down generational lines. Furthermore, girls who are married early typically lack education, as marriage largely marks an end to formal education (Belhorma 2016). Belhorma (2016) further argues that a focus in unpaid care responsibilities as well as early motherhood, instead which takes up the bulk of their time. She further writes that as a result of little or no education, women mostly restricted to a knowledge of housework or domestic chores, are even less likely to find feasible and profitable income-generating activities later in life. In this light, early marriage is seen to contribute to the ‘feminization of poverty’ (UNICEF 2001). Furthermore, early marriage can also impede the economic progress of the communities in which young wives live, which further perpetuates the cycle of poverty in which, so many poor countries find themselves trapped (Lemmon and El Harake 2014).

In the above sections, I have sought to discuss several factors contributing to early marriage. Some, such as poverty are also a consequence, as seen above. In the sections below, I will discuss further consequences relating to education and health implications of both the young mother and her child.

2.3.3 Socio-Cultural context of early marriage

Before understanding the sociocultural reasons behind early marriage, it is helpful to understand how some cultural systems provide understanding on the practice of marriage. Customs and traditions can be understood as beliefs, practices, ideologies, values or stories that are passed from one generation to another (Heinonen 2002). Societal understandings of the family, its formation and function can shed more light on the practice of early marriage. To this, we can turn our attention to collectivist and individualist systems. Chadda and Deb (2013) note that the individualist system is more the norm in so called western or High-Income Countries (HICs) countries and collectivist systems seen more in the global south, where ideas of the family’s function arguably differ. Broadly defined, individualism emphasizes personal

freedom, values independence, separateness (Greenfield 1999) and promotes personal strengths and goals (Gorodnichenko and Roland 2012). Collectivism, in contrast, emphasizes the embeddedness of individuals in a larger social group. It also encourages the conformity of ideals to that, which suits the wider group. As African settings are mostly seen as collectivist societies (Nelson and Fivush 2004), this is useful in understanding how individuals, in this case girls, view their role in their families and society. Families in these African collectivist settings help to understand how ideals that suit the society are promoted to maintain culture. It also helps to understand how decisions are made pertaining to marriage as collectivism in cultures, means people are seeking interdependence and looking for the greater good of the group. Murdock (1949), a key figure in the study of families, proposed that the family performs certain key functions both for the individuals in the family, and also for the wider community / society. These are 'sexual', 'reproductive', 'economic' and 'educational' functions (Cited in Peterson and Bush 2013). Although his theory does not capture many aspects of modern day families, his ideas regarding the sexual, reproductive and economic functions of families appear mostly applicable to the Nigerian context and many other LMIC settings. The influence of culture on the family is neither passive nor external (Chadda and Deb 2013). Instead, families themselves serve as cultural surrogates or principal figures for transferring cultural norms, values, beliefs and ideologies to other members of the society. Also, parents help children to understand and internalise an understanding of culture through overt and covert means (Chadda and Deb 2013). Furthermore, Marthur et al. (2003) argues that early marriage is an ancestral practice established in order to maximise number of pregnancies and ensure survival to satisfy and uphold the requirements for household labour. Thus, early marriage serves a function in the socio-cultural realms of the society, which will be explored below.

Although both Christians and Muslims practise some form of early marriage (Blomgren 2013), Islam is largely associated with this practice as some laws (shown in section 2.4) favour this practice and are cited in supporting early marriage. In addition, as this research takes place in a predominantly Muslim part of Nigeria, I will focus this review on Islamic practices. Within the Islamic faith, girls are not seen to give consent to marriage but must defer decisions to the male figures in their lives. In further explaining the complex issue of judging marriage based on consent alone, Islam almost contradicts itself on issues of consent in marriage. Although parents are encouraged in the Koran not to force their daughters into marriage (Centre for Islamic Legal studies CILS 2005; Yusuf, 2005), the father still retains the overriding right (*ijbar*) to give his virgin daughter away, with or without her consent (Centre for Reproductive

Rights- CRR 2003). Interestingly, within Islam, a woman is given the right to decide whom to marry, however there is no minimum age to marry (Segal-Engelchin et al. 2016). These blurry lines therefore mar the issue of consent and a woman is generally not able to go against her father (Nasr 2002).

Value attached to virginity before marriage also contributes to practice of early marriage as the onset of puberty signifies parental worry that girls might start sexual activity before marriage (Khanna et al. 2013). Within the Islamic context, ‘virginity symbolizes the honor of both the girl/woman and her family’ (Sadiqi 2003, p. 80). This means that parents might view early marriage as a form of protecting girls from dishonour at a young age (Lee- Rife et al. 2012). A framework of honour underpins most cases for marriage as the desire for a woman to remain sexually moral and chaste i.e. a virgin before marriage is utmost. Purna (2005) indicates that honour is seen to reside in the physical body of a woman and acts a compass, which can be directed or controlled to regulate her sexuality. The onset of puberty is therefore a crucial time in the life of a girl as it can mark the onset of sexual activity, and a woman who is seen to have lost her honour and faces public ruin will hereby bring disgrace to both herself and her family members. Thus, marriage is seen as the ultimate protective measure against sexual immorality, as it serves to maintain virtue by eliminating the risk of pre-marital sex. These beliefs around early marriage therefore suggest that the meaning of marriage differ in societies (Holland and Mohan 2001). For examples, Idrus (2004) argues that in Islam, the significance of marriage for women is connected to marriageability which is associated with sexual purity. In line with the notion of protection, James (2010) also argues that early marriage also serves as a way to protect girls from western influences that may lead to promiscuity and premarital pregnancy. In some cultures, where there are high levels of poverty, parents are keen to establish reciprocal networks where they marry their daughters to families that they trust in a bid to extend resources between families (Walker 2012). Thus, oversimplifying marriage from an outside perspective is not useful as parents might genuinely feel they are doing the best for their daughters in this context by securing a good marriage as well as improving the economic status of the family (Sossou and Yogtiba 2009). A study in an Urban slum in Bangladesh also highlights that parents marry their daughters early for fear that their daughter might be “spoiled (i.e. through rape or sexual relations)” (Rashid 2006, p.154) in the slum environment, and therefore marriage is a form of protection against sexual harassment by slum gang members. These instances of protection therefore contribute to a more nuanced way for understanding marriage. A study carried out by Cohen (2009) in north eastern Nigeria found that marriage

was more desirable for women than it was for men. The value placed on being married is also held on a higher pedestal than men compared to women. More so, while it is not unheard of for a man to be old and unmarried, an old and unmarried (virgin) woman, can be seen as being both deplorable and laughable Cohen (2009). Even divorced women are expected to actively be looking for a husband so as not to appear to be of loose morals or be seen as a prostitute. Marriage thus, offers women, structures of economic and social support, in countries where few opportunities exist for poor women to create channels of income outside of their close or usual kinship networks (Rhine 2010).

However, the common belief that early marriage protects girls from being promiscuous, therefore preventing disease, is not reflected in reality (Nour 2006). At the start of marriage, a girl commences mostly unprotected sexual activity with a man she barely knows (UNICEF 2001; UNFPA 2004; Clark et al. 2006). This increases her chances of contracting sexually transmitted infections (STIs) from her husband due to the immaturity of her genital tract (Bolan et al. 1999), her inability to negotiate safer sex, and her desire to prove her fertility (UNAID 2014). In most cases, her husband is often older, more sexually experienced and has most likely practised unsafe sex in the past (Clark et al. 2006). The age gap between the spouses further intensifies the power differentials in favour of the older male spouse, which limits negotiating for safer sex on the part of the woman (if she has knowledge on safer sex practices) and reduces communication between the spouses. (Clark et al. 2006). The HIV infection rate among married adolescent girls tends to be higher than among their unmarried, sexually active peers (Nour 2006; UNAIDS 2015). For example, a study in Kenya and Zambia (Glynn et al. 2001) showed that married girls were 50% more likely to contract HIV than unmarried girls. This risk was higher (59%) in Zambia. A similar study in Uganda reported that the HIV prevalence rate for girls 15–19 years of age was higher for married (89%) than single girls (66%), and the age difference between the men and their wives was a major HIV risk factor for the wives (Kelly et al. 2003). These studies help to debunk theories of marriage as protection from promiscuity and unwanted pregnancies as marriage at an early age opens up the girls to a whole world of problems, mostly related to health, which will be further discussed in section 2.3.4. Furthermore, among the Muslim Hausa- speaking Nigerians, Callaway (1987), a prominent and ground-breaking author on Hausa traditions, writes that unmarried women who are of “child bearing age have no acceptable place in the society as “adult Hausa society is essentially married” (p. 35). This means that remaining single risks a girl being labelled a prostitute (Pittin

2002), and so marriage is seen as an almost pragmatic way of life in a culture that frowns on unwed mothers of a certain age.

Early marriage is rooted in issues relating to gender inequality (Parsons et al. 2015). A fundamental reason behind early marriage is the apparent discrimination against girls and women right from the time they are born, which lasts throughout their life cycle. The inferior gender status that is widespread among patriarchal communities and most Muslim communities is reportedly the main reason early marriage takes place in many areas of the world (Ertem and Kocturk 2008). The way early marriage is practised reflects family functioning in these societies and highlights gender relations (Guilbert 2013) as well as the inequality that persists between the sexes. This is highlighted in several ways, wherein through the absence of resources /money, girls are denied educational opportunities in favor of boys. A study conducted by Guilbert (2013) in Senegal reports that girls are taken out of school in order to focus on domestic and marital duties in the household. While boys can also be the subject of child and early marriage (Singh and Venom 2016), girls are more affected in much larger numbers and with far graver consequences (UNFPA 2012; Singh and Vennam 2016). For example, in Niger, 77% of women aged 20-49 were married before the age of 18 compared to 2% of men (UNICEF 2014). In some cases, girls are seen as having little significance or importance outside being a wife or a mother (WLUML 2013). Boys, on the other hand, are generally given greater preference by parents than girls, with the expectation that boys are more likely to take financial care of their parents later in life (Delprato et al. 2015). While girls get married early (12 years or less in some parts of Northern Nigeria, Steven (2007), men tend to marry later (often not until their twenties as they are able to amass more capital necessary for bride price (Steven 2007). Gender inequality is often further emphasised by societal norms, as girls are mostly restricted in their choice regarding when and whom to marry. Within these societies, girls are under the control of fathers, and failure to not get married can lead to societal disapproval (Bayisenge 2010). Girls are also given away in marriages, as it is perceived that they might be easier to control as married females than when they are unmarried. This control can be explained under a patriarchal system, which seeks to hold authority over woman and girls, and thus control them as children and wives (Puna 2005). Gender norms in these settings usually require an obedient and submissive girl who defers to the opinions of, and decisions made, by her father, husband or the male relatives in her life. For example, in many societies, among which the Hausa fall under in Northern Nigeria, the female is always under the rule of her father, or husband.

These girls are, more often than not, denied educational opportunities so they can be married off, compared to boys who are more often than not, afforded the opportunity to go to school. In Sub-Saharan Africa, 66% of women with no education were married before age 18 compared to just 13% of those with secondary education (UNFP 2012, p. 37). A World at School (AWAS 2016), talks of the cycle of early marriage and education, and state that child marriage both decreases the a) likelihood of education and b) access to quality education, which in turn increases the chances of early marriage. A recent review of early marriage and schooling outcomes in Sub-Saharan Africa (see Delprato et al. 2015) highlighted that while ending child marriage would increase school attainment by 39% in SSA countries, an accompanying boost in both quantity, and quality, of educational institutions, would be a more effective approach in the long run to end child marriage (Malhotra et al. 2011). Although early marriage limits girls' opportunities, institutionalised cracks further leave girls more vulnerable to marriage where access to, and the quality of education, leaves much to be desired.

Girls are also seen as financial burdens whose value decreases as they get older and so the pressure exists to marry girls off at a younger age. In contrast, men marry later and have more educational and economic opportunities, which diminish women's empowerment within households (Carmichael 2011). UNICEF (2001) documents how early marriage further serves to perpetuate the patriarchal systems of gender relations (WLUML 2013) as women who get married early lack experience in asserting or articulating their opinion which further bars them from economic and political decision making. These girls are characterized by having little decision-making power in the household and also have a greater likelihood of suffering from domestic violence (Jensen and Thornton 2003), and isolation from both the family and community (Mathur et al. 2003; UNICEF 2005). For example, a survey carried out by Global Rights reported that young Afghan girls who married young were more likely to experience violence than older girls and women (Global Rights 2008). Furthermore, Measure DHS, which monitors population as well as trends, including violence against women, found in a study of nine countries in the global south, that women and girls who married at the youngest ages reported experiencing the most violence as opposed to those who married at 25 years of age or older who consistently reported the least violence (Measure DHS 2004). Likewise, studies in Asia, particularly India, have found that females who marry young may be less capable than those who marry later, of asserting themselves in their marriage, which in turn, places them at higher risk of experiencing physical as well as sexual violence (Joshi et al. 2001; Khan et al. 2002; Puri et al. 2003).

Domestic violence (DV) that occurs within marriage in majority of global south contexts is regarded as a private matter to be handled between families, which is further exacerbated by the culture of silence that exists around DV. This makes reporting, and even punishment of the perpetrator a problem. A recent study in Morocco conducted by Belhorma (2016) showed that women who were interviewed (40 in total, all married before the age of 18) reported experiencing physical violence in their marriages, which ranged from beating, to pushing, shoving, and even torture. In summary, it is also possible that cases of domestic violence against girls who marry early are not reported, as a culture of silence exists around this, which prevents them from speaking out and seeking help (Belhorma 2016).

The next section highlights the consequences of early marriage.

2.3.4 Consequences of early marriage.

Studies and reports at international, national and regional levels reveal that early marriage has the following multi-dimensional consequences. These include poor health, including high maternal health, and greater risk of domestic violence (Emirie 2005) as demonstrated in the above section. Early marriage is also considered a problem because of various social and health consequences that are usually associated with girls who marry early. Some of these have already been mentioned, such as their reduced chances of education (Lee-Rife et al. 2012) and increased risk of sexual abuse with increasing risks of sexually transmitted diseases and HIV from older, more sexually experienced, spouses (Clark 2004; Clark et al. 2006). Due to their domestic responsibilities, young married girls also lack the opportunities to interact with their peers and to develop friendships and other social support systems (Mathur et al. 2003; Nour 2006).

In terms of health consequences, these are mostly seen because girls who marry early also have children young (hence the commonly used phrase, children having children). This makes them vulnerable to health complications such as those related to childbirth (WHO 2011). In low and middle-income countries, pregnancy-related complications are a leading cause of death among girls aged 15-19 years of age (WHO 2011). Other than death, complications include Vesico Vagina Fistulae (VVF) or Recto Vagina Fistulae (RVF), which arise because of prolonged obstructed labour, leading to a tear between the vagina and bladder (VVF), or a tear between the vagina and rectum (RVF). This can lead to uncontrolled leakage of urine or faeces (WHO and UNFPA 2007). Most often than not, these girls do not have the option of corrective surgery

which can lead to divorce from husbands and isolation from the community (Murphy1981). At present, Nigeria accounts for 40% of the global burden of VVF with an estimated 800,000 women, the majority of whom are married girls (Makinwa-Adebusoye 2006). Young married girls also start childbearing soon after marriage, either to conform to societal expectations and thus prove to be fertile or to maximise the number of living/ surviving offspring (Delprato et al. 2015) Marrying early also allows longer reproductive periods to give birth to more children (WLUMML 2013) to meet the household requirements for labour (Mathur et al. 2013). Young married girls also have significantly higher maternal mortality and morbidity rates than adult women (ICRW 2006) and are also at a risk of experiencing high risk of infant mortality (UNICEF 2005; Raj et al. 2010). The children borne to adolescent mothers are exposed to heightened vulnerability as recent studies indicate that they are more likely to give birth to pre-term babies with low birth weight (Edrine et al. 2010), have increased chances of foetal mortality (Raj 2010; Santhya et al. 2011) and other consequences, such as low cognitive development (UNICEF 2009). Early marriage is frequently associated with the experience of domestic violence (Adhikari et al. 2009; Nour 2009; Raj et al. 2010; Santhya et al. 2010). Reports also show that girls who marry young are more likely to suffer from psychological effects such as depression and low self-esteem (Nour 2009; Ahmed et al. 2013). Furthermore, evidence from the global south suggests that young women who marry early are likely to experience long-term domestic violence (Santhya et al. 2010). Jenson and Thornton (2003) suggest that this may be related to the acceptability of this practice, with the wide age gap between spouses also thought to contribute to this (Santhya et al. 2010). These health consequences are also some of the reasons why many researchers and campaigners are fighting to end early marriage.

In the sections above, I have sought to introduce the concept of early marriage, illuminate some of the reasons for this practice and highlight the social and health consequences. The next section will discuss early marriage with reference to Nigeria, where this research is located.

2.4 Early marriage in Northern Nigeria.

Nigeria is recorded as one of the countries with high incidences of early marriage (Jain and Kurz 2007; WHO and UNFPA 2012; UNICEF 2015), whereby 43% of girls marry before they turn 18 years of age (UNICEF 2015). This national figure however masks discrepancy between the north and south, where 38% of girls in the north are married before the age of 15 compared

to 10% of girls in the south (Adebowale et al. 2012). Early marriage is mostly common in northern parts of Nigeria where over half the women there are married by the age of 16 (British Council 2012). This is largely common among the Hausa and Muslim practising populations, (British Council 2012) which are both the dominant tribe and religion of this part of Nigeria (Callaway 1987; Callaway and Creevy 1994). Reasons behind this practice, especially within Northern Nigeria, pertain to larger systems of family, gender and labour; both reproductive and economic (WLUMML 2013) as reflected in the above section. In order to further understand early marriage within Nigeria, especially the northern parts, a thorough understanding of the legal, historical, and economic social context is needed to explain how and why this practice occurs in this region of the world. The next sections thus aim to do this, hereby providing a deeper understanding of early marriage in this region by examining the legal reasons, which, in addition to the sociocultural and religious reasons given above, also reflect the situation in Northern Nigeria.

2.4.1 Legal context in Northern Nigeria.

As noted in section 2.3.1, implementing and adopting international regulations on a national level is both a challenging and a contentious issue. This becomes a source of contention when national frameworks do not act in consensus to stop early marriage. The legal framework of Nigeria does not facilitate an adoption of these international instruments. Operating three legal systems simultaneously, civil, Islamic and customary, states are at will to choose how they respond to issues surrounding consent and minimum age of marriage (Olunloyo 2009). The minimum age of marriage differs from one region to another (Otiye-Igbuzor 2014). It is noted as being 18-21 years in the South, where customary law and statutory law are applicable and adhered to, and 12-15 years (or less) in the North, especially where Islamic law (*Shari'a*) is applicable. Nigerian Civil Law recognises that marriage under the age of 18 is illegal and carries a jail term of seven years for parents. The Nigerian marriage act requires that for individuals under 21 years, parental consent is needed for the marriage to be valid. However, marriages in the north can be largely legislated and recognised under Islamic Law, while the south falls under civil law. Even in instances where couples marry under civil law, customary law still presides over personal matters. For decades, early marriage has been seen as a social ill and a violation of human rights, but this practice is so deeply entrenched in culture (as seen in section 2.3.2) that lawmakers have contemplated how feasible eradicating this practice might

come about (Lemmon 2014). The next section shows how exactly Islamic law operates in northern Nigeria.

2.4.2 Islamic Law in Northern Nigeria.

Islamic Law is made up of four schools: Hanafi, Hanbali, Maliki and Shafi'i, which are named after their respective founders. Maliki law¹¹ is the dominant and official school of Islamic law practiced in Nigeria (CILS 2005). Concerning early marriage under this law, there is no minimum age for marriage. A girl's guardian has the right to compel the girl to get married without her consent or capacity to make such decision (Mir-Hosseini et al. 2013). In addition, a marriage under this law is considered valid if there are two reliable witnesses to this event, where this reliability is mostly judged on the fact that the one of the witnesses must at least be Muslim. In some parts of Northern Nigeria, the Sharia is the law mostly followed. This sometimes chaotic nature of the legal system can be reflected in the passing of the Child Rights Act (CRA) in the country (see table 2) in 2003. Although this law stipulates 18 as the minimum age of marriage and was passed at federal level, it is only largely effective (to a degree) if state assemblies adopt it. This is because in many cases, traditions or religious rules might still prevail no matter the law of the land. To demonstrate the previous statement, in 2005, the Supreme Council for Sharia law publicly campaigned and protested against the adoption of the CRA. This issue was further compounded when the speaker of the Kano State House of Assembly (North-western Nigeria) cited the CRA as a being against the people of Kano and the North as a whole as it was contradictory to their religion and culture (THISDAY 2008). Such complexities might explain why Nigeria is not yet a signatory to the Convention on Consent to Marriage and Minimum Age of Marriage (IPPF and UNFPA 2006) as many of the areas where early marriage is practiced, customary law can override formal law. As seen in section 2.3.1, these instruments have been critiqued on the basis that they tend to be individualist or better suited for societies that facilitate the claiming of these rights.

In regard to Islamic law, under the Maliki School, a father has the right to arrange and subsequently conclude a marriage on behalf of either his infant sons or young virgin girls (Adesanya 2002) under a ceremony is called Ijbar (Otive-Igbuzor 2014). Furthermore, the 1999 Federal Constitution of Nigeria proclaims in section 29 (4) that every married girl shall be

¹¹ This was founded by Imam Malik bin Anas (d. 795 A.D.) who was a judge in Medina and all his decisions are in a book called *al-Muwatta* (the Levelled Path).

deemed an adult, thus covertly endorsing child marriage and implying that the age of adulthood for girls is different from that of boys (Otiye-Igbuzor 2014). In some cases, early marriage is seen as a duty to be fulfilled in accordance with Islam. In this context, a girl is not expected to start menarche in the father's house (Wall 1998). This belief is in line with what Wall (1998) describes as one of the most important principles of Hausa organization, where the female reproductive capacity is brought under the control of her husband, or another appropriate male, such as father or brother. This is done because the Hausas and Muslims in Nigeria place much value on a girl's virginity. Based on their studies in Nigeria, James (2010) and Nour (2006) argue that parents believe that marrying their daughter off early will provide a safety net against pre-marital sex, unplanned premarital pregnancies and contraction of STIs. In the context of Northern Nigeria, Salamone (2010) posits, based on a qualitative interview-based study, that in Northern Nigeria "For women, marriage is the only path to virtue. Consequently, marriage is common for young girls between the ages of ten and twelve". (p.134). This virtue is further emphasised by the importance of marrying as a virgin, which is most likely to happen if a young girl marries at a young age, as single women are seen to cause social chaos by attempting sexual promiscuity (Samad et al. 2003).

As we have seen in the sections above, early marriage in the North is attributed to both cultural and religious factors where the legal context can also facilitate this practice. In this vein, the next section will examine gender and the intersectionality theory and how this can further aid in understanding the practice of early marriage.

2.5 Understanding early marriage through gender and intersectionality theory.

Gender as a construct is both produced and reproduced by individuals through social interactions and relations at various levels in the society (e.g. micro and macro). Gender is however not a fixed concept or construct but is constantly under construction through the action and practice of individuals (Connell 2002; Ohan 2008, Goicolea et al. 2010). Oakley (1985) a prominent and fundamental voice on gender offers a useful way of conceptualizing gender in relation to culture. In distinguishing between sex and gender, she suggests that sex is used mainly to distinguish between visible differences in procreative functions while gender is a matter of culture, or gender is a cultural product (Hardey 1998), where culture is largely responsible for the classification of masculine and feminine.

Although gender theories can indeed help to understand how gendered norms as well as socio-cultural expectations and values can inform the practice of early marriage, intersectionality theory can provide a more robust way of exploring the circumstances these girls live in as characteristics other than gender alone are involved in understanding early marriage in the global south. This theory is discussed below.

The term ‘intersectionality’ was first coined by critical race theorist Kimberlé Crenshaw (1989), an African-American feminist lawyer, where, in an attempt to explain the African-American female experience, she proposed that race and gender (as well as other multiple forms of marginalization experienced by African–American women) should not be treated as separate entities or different subjects of inquiry. Rather, they should be seen as related, and wholly contributing to the experience of being both black and female in America. As seen here, this theory has its roots in black feminist literature (Crenshaw 1989; Hooks 1990; Collins 2000) as well as ‘third world feminism’ (Moraga and Anzaldúa 1983¹²; Bunjun 2010; Van et al. 2011). This calls for a non-western way of looking at gender relations in the global south as western views tend to be restrictive without taking into account the variables that exist in understanding the experience of a woman in these contexts (Al-Sarrani and Al Alghamdi 2014).

This theory rejects a ‘single axis framework’ (Nash 2008, p.2), underscores the ‘multidimensionality of marginalized subjects’ lived experiences’ (Crenshaw 1989, p. 139) and proposes that human experiences are better understood when we recognize that no one single factor is responsible for said experience. It also states that social categories such as gender, race, and ethnicity are:

- a) Contextual, socially constructed and constantly changing. For example, a person’s gender roles can be completely understood not just by biological references but also the historical conditions that enable gender to be explored and understood. In further describing this, Collins (1994)¹³ helps to explain the social role of being a mother. Within an intersectional framework motherhood is not seen as universal but socially constructed (Caiola 2015) based on the historical and cultural contexts. This shifts from seeing motherhood purely from a biological or nurturing point of view but rather takes

¹² This is one of the most cited and influential books in feminist theory.

¹³ Credited as one who helped shaped the study of intersectionality (McCall 2009)

into account various factors that contribute to the experience or role of being a mother in a particular context.

- b) Cannot be separated into distinct categories and are not hierarchical in order but rather multidimensional and relational in nature. In other words, the social categories do not merely intersect but are able to exist simultaneously (Caiola et al. 2015) and vary in function depending (for example) on the particular age, gender and class an individual belongs to. For example, a 12-year-old (age) boy (gender) living in poor conditions (class) might have a different experience than a 12-year-old (age) girl (gender) living in poverty (class). So, how these social categories relate, produces a varied and multidimensional experience for the particular individual in question.
- c) Power dynamics shape the positions people hold in the society (Hankivsky and Cormier 2009; Hankivsky 2012). In other words, intersectionality further shows how various forms of oppression reveal opportunities people in the society enjoy. Thus, intersectionality shows power inequality at play where the group that is both dominant and privileged has access to greater material and social resources (Weber 2006).

This theory is largely helpful in bringing about a fundamental shift in how researchers and policy makers understand the complex interactions and relationships that exist between various social categories and how a combination of these helps to understand the human experience as opposed to focusing on only one factor in the society. Introducing intersectionality adds to a more robust analysis of phenomena in question as well as helps to understand complex situations. Human beings exist in overlaying margins and as such, this theory challenges researchers to move beyond solely gender-based analysis when considering the lives of women around the world.

A core epistemological basis of intersectionality is that knowledge development is from the perspective of those oppressed and not the dominant social group (Kelly 2009). Thus, this emphasis on perspectives of the oppressed (or marginalized) means that intersecting social constructions (of gender, race, and religion culture) are important to explore from the view of those usually overlooked. This theory is a widely respected concept in research and policy (Hancock 2007; Hankivsky et al. 2014) and is used in many fields of research.

As seen in section 2.3, the reasons behind early marriage are multidimensional and relational in nature. No one reason can be attributed to the perpetuation of early marriage. In relation to this theory, it shows that girls lie at an intersection of age, culture, gender, status and religion, and as such, these factors have to be examined adequately when speaking of early marriage.

Having touched on some of these social constructs such as age, class religion, and culture in section 2.3.2, and 2.3.3 while explaining the reasons behind early marriage, I will look at some theoretical underpinnings of gender as a social construct as relates to early marriage.

2.6 Theoretical Perspectives of Health and illness

Various definitions of health exist which seem to have evolved over time. These definitions include the biomedical perspective (Dubos 1959; Osheron and Singham 1981; Berliner 1975)¹⁴ which focuses heavily on the physical state of the body to more holistic, social perspectives. In biomedical science, health is normally represented as freedom from disease with an emphasis on the physiological aspect (Amzat and Razum 2015) in a body with physical integrity (Majoire Kagawa-Singer 1993). This perspective is based on philosophical ideas in Greek medicine, which offered a mechanistic interpretation of the body (Tamm 1993). It places understanding of health and illness of the body within a framework of biological determinism, which largely neglects environmental and societal factors that can influence the health of an individual. However, in 1948, the WHO expanded on this model and proposed a broader definition of health as “a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity” (WHO 1948). This definition constructed health as both positive and enhancing (Mills 2004) and moved beyond the idea of health as merely the absence of disease, thus placing it within a larger social context. This definition has come to be one of the most quoted definitions of health and the most widely used in understanding how health is conceptualized in the western world. Although this definition was welcomed in some quarters as being innovative and new, it was also criticized as being vague, and immeasurable. Furthermore, Blaxter (2004) argues that the inclusion of the term ‘absence of’ implies that health is a deviation from the norm, and such deviations can be hard to measure, as what is normal differs per context. Although the WHO definition is widely quoted and used throughout the western world, its applicability in the global south is limited. For instance, other factors

¹⁴ Although these references are dated, they form a foundational understanding of these perspectives.

exist that might influence how one defines health. For example, religion is significant part of life in many African settings (Okafor 2009) where people base their definitions and constructions of health on this. Thus, while this definition might be a broader construct than what the biomedical model offers, it remains limited and restrictive to other populations whose view of health includes more elements that they deem important to them.

It is also criticized on the basis that it is hard for people to be categorized as healthy (Hardey 1998). In other words, this part of the definition “...state of complete”, i.e. being complete, implies that for one to be healthy, physical, social and mental wellbeing in an individual’s life need to be at an optimal level. This therefore presents a very idealistic and unrealistic view of health. These definitions implied that health could mostly be measured and assessed in a functional capacity and did not include other factors such as an individual’s environment that could affect an individual’s perception of health.

The WHO’s model of health laid a foundation for other theoretical perspectives where various authors further developed or refuted the proposed model. These definitions are not the focus of this thesis as they laid much emphasis on the role of the individual in obtaining health, which might not be realistic as structural, environmental and societal factors play a role in the ability of one to achieve optimal health. Even though the WHO definition has been critiqued for being mostly applicable to individualistic societies (i.e. societies where the prioritization of the individual is put over that of the group (Hofstede 2011), it still recognizes and incorporates wider societal factors and recognizes the importance of wellbeing in the health of an individual. Furthermore, it seemed to be a top down model where people at the WHO proposed what health should look like. However, views of health will depend on context; people living in different contexts will have different interpretations of what health looks like or means to them. This means that although social and mental aspects of the WHO definitely are helpful, it is important to leave room for variability and to incorporate the voices of local people. In other words, it provides a foundation that can be expanded on per context.

The concept of wellbeing was also included in this definition of health: “a state of complete physical, social and mental wellbeing.” Although this was a welcome improvement from past biomedical models, Tiliouine (2007) argues that this partly implies that all aspects of wellbeing can be easily assessed, understood and measured using instruments and techniques developed by medical practitioners. In this light, wellbeing will be discussed as a separate entity in section

2.7. The next section continues on discussions of health and provides a contextualized understanding of health and illness as well as a focus on health seeking behavior as a concept.

2.6.1 Health and Illness

Health and illness are common topics in sociology and anthropology disciplines in which many scholars have examined the interaction between society and health (Berkman and Kawachi 2000; Marmot and Wilkinson 2006) specifically, the effect factors such as race, culture, ethnicity (Egede 2006) socioeconomic status and religion have on the health of an individual (White 2002). Other topics commonly researched include reasons behind seeking particular types of health care, compliance with medical regimes (Conrad 2010), understanding lay knowledge of health and illness (Popay et al. 1998; Yuill et al. 2010), as well as exploring the experience of diseases within a sociocultural context.

The distinction between illness, sickness, and disease, has been made since the 50's and has been studied widely in social science, especially in the fields of medical anthropology and medical sociology (see e.g. Fabrega and Silver 1973; Kleinman 1980). Medical anthropologists argue that making a distinction between these concepts (i.e. illness and disease) is necessary in order to understand people's perception of health which an influence on their health will have seeking behavior (Basity and Iravani 2014). Furthermore, every society provides her own meaning or definition for health and diseases (von Rueden et al. 2006) with social variables affecting or influencing how this is defined (McMurray 2003). Giddens and Sutton (2013) state that illness has both personal and public dimensions such that not only does that individual who is sick feel pain or discomfort, but this also affects others around them/ in their life as well. This is reflected in how people make sense of this illness and how they find ways of adjusting or managing how their sickness fits in with their present activities or everyday life. In other words, how people around the ill person show sympathy, support and how they react can shape interpretations of the illness that the individual experiences (p. 452). Illness experience is also shaped by cultural and moral values and interactions with those in one's immediate social circle (Lorber 1997). This interaction transforms physiological status and symptoms into named illness as a result of these interactions or "socially appropriate illness behavior" (Lorber 1997, p.1). Drawing on a medical anthropological view of health and illness, Kleinman et al. (1978) argued that the modern health medical practices were disconnected from

lay expectations (p.251) where disease is a deviation from normal physiological functioning which can be located in the body of the person that is ill (Mishler 1981). Kleinman et al. (1978) also share the view of illness as culturally constructed where perceptions of illness behavior are regulated by our interactions with our environment, where we learn the “approved ways of being ill” (p. 252). They also argue a patient and his/her family can act to label, classify, and explain the sickness episode in such a way that it can be personally and socially meaningful (Kleinman et al. 1978). Kleinman et al. (1978) also mention certain factors that stem from cultural beliefs such as explanations of sickness according to social status, labels attached to particular sickness, when and who we go for care, as well as how long we remain in care. Kleinman et al. (2006) also argues that the pre-existing experience of a patient, governs one’s perception and subsequent explanation and labelling of that illness. These pre-existing experiences can include information gleaned from medical discussions, which can also influence beliefs around personal illness.

When an individual is sick, he or she is largely expected to seek the services of health care providers (Ajaegbu and Ubochi 2016), where the decision to seek help, be it from orthodox medical care or the use of traditional approaches, depends on a variety of factors. These factors can be economic standing, educational background, perceived severity of the illness, cost of treatment, distance and quality of health care, as well as sociocultural influences which affect decisions around healthcare (Katung 2001; Amaghionyediwe 2008). Individuals generally differ in willingness to seek help whereby some do so at the onset of an illness, while some wait until they are in the advanced stages to seek help (Ahmed et al. 2011). Socio-cultural influences on health or understanding the cultural context of health lies largely within the field of medical anthropology. Medical anthropologists seek to understand how people in various cultures perceive diseases and illness by analysing local perspectives of this, as well as indigenous approaches to prevention and treatment (Scrimshaw 2012). Within this field too, the emic and etic perspectives of health are crucial to understanding who sees health as what. The emic perspectives are mainly concerned with how the insider views things from their cultural perspective, and the etic with how things are viewed from an outside perspective. In this light, concepts such as disease or illness are subjective, based on an insider view, and whose viewpoint is being investigated matters. For example, if something is endemic in a given population, it may be seen as normal, routine or the status quo and may not be defined as illness (Scrimshaw 2012), and as such, assessing health merely on the basis of a biomedical context without an understanding of the cultural context and perspectives of health and illness will not

be useful. Socio-cultural beliefs about the causes of disease and curability are directly correlated to the treatment seeking behaviour of an individual (Ajaegbu and Ubochi 2016).

Lorber (1997), in her book *Gender and the social construction of illness*, argues for the need to study the “body in its social context” (p. 3). This marks a departure from a biomedical model that seeks to focus not only on the cause of illness within the body of the individual, but also seeks to understand that illness is located within the body and the social context in which the individual resides. This means looking beyond mere physical bodies to social bodies of individuals as social bodies are a product of the societies in which we live in (Hancock et al. 2000). Lorber argued that gender in particular is an important factor in studying health and illness per context, as gender is a socially constructed concept, which produces different illness behaviors. She further argues that gender needs to be analyzed within health and illness, as gender is a major concept embedded in the organization of the society, family, medical economy, and patterns of everyday life. In further understanding the social context in which individuals live and how they aim to address health issues, a brief review of health seeking behavior is required.

Health-seeking behavior is defined “... as an individual’s deeds to the promotion of maximum well-being, recovery and rehabilitation (Poortingha et al 2015, p.2). This includes the actions taken to rectify or fix a perceived ill-health (Bhuiya 2009, pp. 69-70), from the time the symptoms set in, to what choice of healthcare provider to contact and patronize and the subsequent compliance with the recommended treatment (Dill 2012). Research on health seeking behaviour, particularly in the context of the global south, is relevant as it analyses ideas of origin and management of illness, how people are able to address health issues with the health systems available to them in their various their respective economic and demographic circumstances or categories (Shaikh 2008). It also provides insights into the use of available health facilities/systems in a community. Whether these facilities are traditional or orthodox, research into health seeking behaviour allows for a deeper understanding on how people perceive health care in particular settings (Baltussen 2010). Furthermore, understanding local perceptions of health, the process of health decision-making, as well as concerns and of indigenous people are key components in understanding health seeking behaviour in any given context (Glanz et al. 2008).

One of the theoretical ways we can understand the influences around health seeking is the use of the health belief model (HBM) developed by researchers (Hochbaum, Rosenstock and Kegels 1952) working in the US Public Health Service in the 1950s. Although originally developed in a bid to try and understand why more people did not take advantage of tuberculosis screenings in the US, the health belief model remains a vital and relevant part of understanding health behavior. This model is even made more significant as public health and medical approaches have placed more focus on behaviors, cultural values and beliefs as relate to health (Boslaugh 2014). This model has also been rightfully adapted to fit cultural contexts (Griffin 2012; Scarinci et al. 2012). It is also used as one of the widely applied theories on health behavior (Glanz and Bishop 2012). This model is founded on the principle that personal beliefs or perceptions of a disease and strategies to decrease its occurrence determine an individual's health behavior (Hochbaum 1958). The first four theoretical constructs guide this model (Hayden 2013), with three more added to the original version created by the researchers above. On a general note, the components in this model are seen as independent assessors or predictors of health behavior (Armitage and Conner 2000).

1. Perceived severity: Subjective evaluation and assessment of the severity of a condition. This perception is loosely based on knowledge around the disease as well as how much of an impact, this disease will have on a person's (McCormick-Brown 1999) which will determine when and whether to seek help.
2. Perceived Susceptibility: This relates to the risks; how one feels about the chances of getting a condition. In some cases, when one perceives that the risk of contracting an illness is high, he or she will adopt healthier behaviors which decreases susceptibility and subsequently lead to healthier behaviors (Hayden 2013). This is however not the case in all circumstances as perception of risk does not always lead to an adoption of healthier behaviors even if the risk is high (Courtenay 1998).
3. Perceived benefits: This relates to the belief that a particular course of action will lead to positive outcomes
4. Perceived barriers: The evaluation of obstacles that will prevent an individual from adopting a new behavior
5. Cues to action: These factors such as events, people or knowledge will motivate someone to adopt a new behavior. It also relates to self-awareness.
6. Modifying variables: This element of the HBM posits that all the perceptions mentioned above such as the severity of a disease, susceptibility, benefits and barriers, are all based

on an individual's characteristics. In other words, how one perceives things is based on his/her characteristic or background. For example, education, religion, culture or media, incentives can be part of the variables that affect or influence one's perception;

7. Self-efficacy: The confidence in one's ability to undertake a course of action or adopt a new behavior.

This model is not lacking in criticism, where it is argued that the relationship between these factors are not clearly spelt out. In other words, "if/then" situations, technically referred to as interactions between the constructs, are not clear (Abbatangelo-Gray et al. 2007; Glanz et al. 2008; Carpenter 2010). The HBM is also criticized for being reductionist (i.e. simplifying a complex issue by minimizing, distorting or obscuring it) as it excludes factors like emotions, and social and environmental influences such as culture (Stroebe 2000; Dutta and Basu 2011) in understanding behavior. This model is based on a rational exchange framework, which suggests that individuals systematically and methodically list pros and cons, or always mentally take into account all possible outcomes when making a decision. This outlook however ignores evidence from behavioral economics (Thaler and Sunstein 2009), which suggests that people often do not make methodical decisions, but instead, take short cuts and make rash decisions without weighing up positives and negatives. Abbatangelo-Gray et al (2007) also argue that because this model was founded on the screening of undiagnosed illness, behavior might differ in relation to diagnosed diseases.

Notwithstanding these critiques (as with any theory), this model can still help to provide a basis for understanding influences on health choices and behavior and provide ways for practitioners to design interventions to change health-related behaviors by using various aspects of the key constructs of this model (Carpenter 2010). This model can be used to contextualize some of the findings in this thesis, but I will largely draw on the medical anthropology discipline as relates to culture and health in regard to health seeking behavior and choices people make.

This dissertation touches on health and wellbeing and as these concepts differ, I am treating wellbeing as a lens through which we can better understand an individual's overall health. Although the definition provided by the WHO implies that wellbeing is a part of health, this concept requires a separate review on its own. Wellbeing has mainly been studied in western contexts, appears to have various interpretations, and most importantly, has limited applicability to non-western, resource poor contexts. Wellbeing (happiness in particular) has

been at the centre of many a debate in academia including its definition, how it should be measured, and what it entails. It is also seen as a main ingredient in both the formation and assessment of successful policies, specifically relating to mental health and happiness (White and Eyber-forthcoming). Wellbeing, as a whole, has, however, has yet to gain significant traction in the field of international development (White et al. 2012), and among countries in the global south. With limited discussion as to what wellbeing means and entails in these contexts, it risks being adapted from a framework that is not adaptable in local contexts, thus masking wellbeing a universal concept, which as I will argue later in this section, is not the case. Furthermore, a fundamental flaw in many western societies is to generalize its structure or pattern of thoughts as being universal (Mazrui 2001). In this light, I will undertake a review of wellbeing as a concept, highlighting some main perspectives that make up the idea of wellbeing both in western instances, and that mostly used in development practice. It is particularly important to understand wellbeing in the context of developing countries, as a wide gap exists in researching in understanding these concepts in these contexts (Diener and Seligman 2004). The greater part of this section will however be focused on the framework of wellbeing proposed by Sarah White (2009) that will be used to understand the findings on wellbeing in this study.

2.7 Theoretical perspectives on wellbeing.

In their aptly titled paper, “*The challenge of defining wellbeing*” Dodge et al. (2012) adequately capture the sometimes-frustrating job researchers can face in terms of defining wellbeing (Gough and McGregor 2007; McGillivray et al. 2007; Gasper 2010; Scott 2012) shifting between either defining the term or describing it as a construct (Pollard and Lee 2003; Seligman 2011). Crivello et al. (2009) state that wellbeing is a seemingly vague and ambiguous concept, and as such is open to various definitions and conceptualizations. For example, wellbeing is used across a variety of disciplines to describe life satisfaction (Peterson 2012), mental health (The World Health Organization Quality of Life (WHOQOL) Group 1998) or quality of life, where these terms are often used interchangeably. Wellbeing can generally be referred to as that which is experienced when people have what they need for their lives to be good (White et al. 2012 p. 8). Wellbeing has been researched in many academic disciplines, particularly psychology (Ryan and Deci 2001, p. 143; Deci et al. 2006; Grinde 2012). However, the way wellbeing was presented (i.e. hedonic and eudemonic wellbeing) in previous frameworks seemed restrictive in understanding wellbeing in the global south. In this light, a framework

that applies in this context was needed in order to provide a basis for understanding wellbeing in northern Nigeria.

Wellbeing has been the focus of many research groups in different parts of the world (discussed below) where they aim to move from not just discussing wellbeing in philosophical terms but also in practice which can be applicable to countries in the global south. Their frameworks include the Psychosocial Assessment of Development and Humanitarian Interventions (PADHI), which was developed at the Social Policy Analysis and Research Centre (SPARC) in Sri Lanka at the University of Colombo in 2006. Although this framework was developed within the Sri Lankan context, it is still applicable to understanding wellbeing in other LMICs as socio-economic indicator (amongst other variables) are arguably similar. The second group, Wellbeing in Developing Countries Research (WeD) was founded as a major multi-country interdisciplinary study funded by the ESRC from 2002-2007 and has since developed into the Centre for Wellbeing at the University of Bath, UK. While these frameworks have proven valuable and groundbreaking in understanding wellbeing in development, for the purpose of this dissertation, I have chosen the framework of wellbeing proposed by Sarah White (2009) as it represents the most up-to-date conceptualization that incorporates many of the aspects of the previous frameworks.

This framework suggests an emerging consensus of these various approaches to wellbeing whereby they all aim to:

- 1) Understand the merit of assessing wellbeing beyond one single indicator or domain;
- 2) Understand that different groups and classes of people define wellbeing differently;
- 3) Acknowledge the evolving and dynamic nature of wellbeing where its conceptualization differs at different times and life stages of people. In other words, how wellbeing is defined changes over time; and
- 4) Show that the ability of individuals or households to achieve wellbeing does not just lie solely within themselves or their individual characteristics, but that the environment in which they exist in plays a crucial role in enabling or facilitating said wellbeing. For example, the presence or absence of infrastructure, such as amenities, roads etc., the strength of the economy, and the absence of conflict, among others, goes a long way in influencing wellbeing,

5) Finally, these approaches of wellbeing in development take a political angle, as how it is defined and whose wellbeing counts all have political implications.

In rationalizing a new framework, White (2009) identifies seven domains of wellbeing borrowing on principles of PADHI, WeD and Oxfam. These are Accessing resources; Exercising participation/agency; Sustaining close relationships; Enjoying Peace of spirit; Building social connections; Enhancing physical and mental wellness and Exercising self-worth.

Accessing resources can largely relate to the physical, material and intellectual. This also involves economic aspects of life such as economic security, education, employment including income, source of livelihood etc. These are the things required to meet human basic needs. In addition, focusing on how access to these resources are related to other aspects of wellbeing is key. As we will see in chapter 7, this thesis pays particular attention to the material aspects of wellbeing. This focus can aid in understanding how wellbeing is perceived on a daily basis, what material things the young girls in this study equate to wellbeing to, and how this concept i.e. wellbeing is related to poverty. For instance, as part of a global research effort titled: *Consultations with the Poor*, Narayan et al. (1999) carried out an extensive study for the World Bank where data was collected from 23 countries adopting large scale comparative research using Participatory Poverty Assessment (PPA) to focus on the voices of the poor. Here, they identified the main poverty problems within a country and attempted to link these findings to the policy agenda.¹⁵ As to be expected, poverty is associated with wellbeing, and is routinely and largely defined as the lack of what is necessary for material wellbeing such as food, land, housing or income (Narayan et al. 1999). Although poverty can also be argued to be a multi-dimensional phenomenon (Chambers 1994, 1997; Foster and Sen 1997; Narayan et al. 1999), which varies by age, gender, geographical location and economic contexts, it is still undeniable that material aspects in a person's life contribute greatly when assessing the person's wellbeing. How is one able to access healthcare if money is not readily available? How does one survive if food security is a major concern? Using PPAs, the World Bank team also discovered that the hunger and food security was largely tied to people's definition of wellbeing (in Moldova, Guatemala, Cameroon, Zambia, Swaziland, and Togo). Their findings in Nigeria showed that people spoke of material wellbeing as having food security before

¹⁵ These poverty assessments included quantitative data such as poverty lines, social and demographic characteristics of poor people, and their economic profile (source of income, asset ownership, consumption patterns, and access to services)

harvest time and the presence of fresh and diverse nutritious diets. As alluded to in Chapter 2, section 2.3.3 and in Chapter 3, section 3.5, women and girls in Nigeria are mostly at the bottom rung of the poverty ladder with regard to material aspects of wellbeing. Thus, it will be important to examine exactly how they perceive this aspect of wellbeing in the context that they live in.

Exercising self-worth can be seen in the ability to fulfill social roles and responsibilities. It also points to the ability to function in these roles. Therefore, fulfilling and functioning in these roles contribute to the experience of self-worth. The PADHI model of wellbeing in Sri Lanka had different indicators of self-worth (e.g. fulfilling role in the family, employment) than those reported by men (such as economic independence through employment). White (2009) argues that this raises a problem in terms of “comparative evaluation” (p.9), as self-worth, for example, means different things to men and women in the same context. This means that adopting such a model as a single standard of assessing wellbeing across various programmes in the global south might prove problematic. Although this is a valid point of critique, it is possible that across various parts of the global south, people of the same gender, who have similar life experiences, possibly of the same age group, and socio-economic status might have common factors or common indicators of what wellbeing (or self-worth) means to them.

Exercising participation/agency: being able to partake in decisions that influence your life at family, social and community level. It also includes, but is not limited to, the ability to exercise rights, but also means the ability to identify and contribute to collective action.

Building social connections: This places importance on building and maintaining social relationships while recognizing that individuals are embedded in a social network of connections. As White (2009) alludes to this, she mentions that people often find it hard to speak of themselves in isolation but mostly link a sense of their wellbeing to how people in their circle are faring.

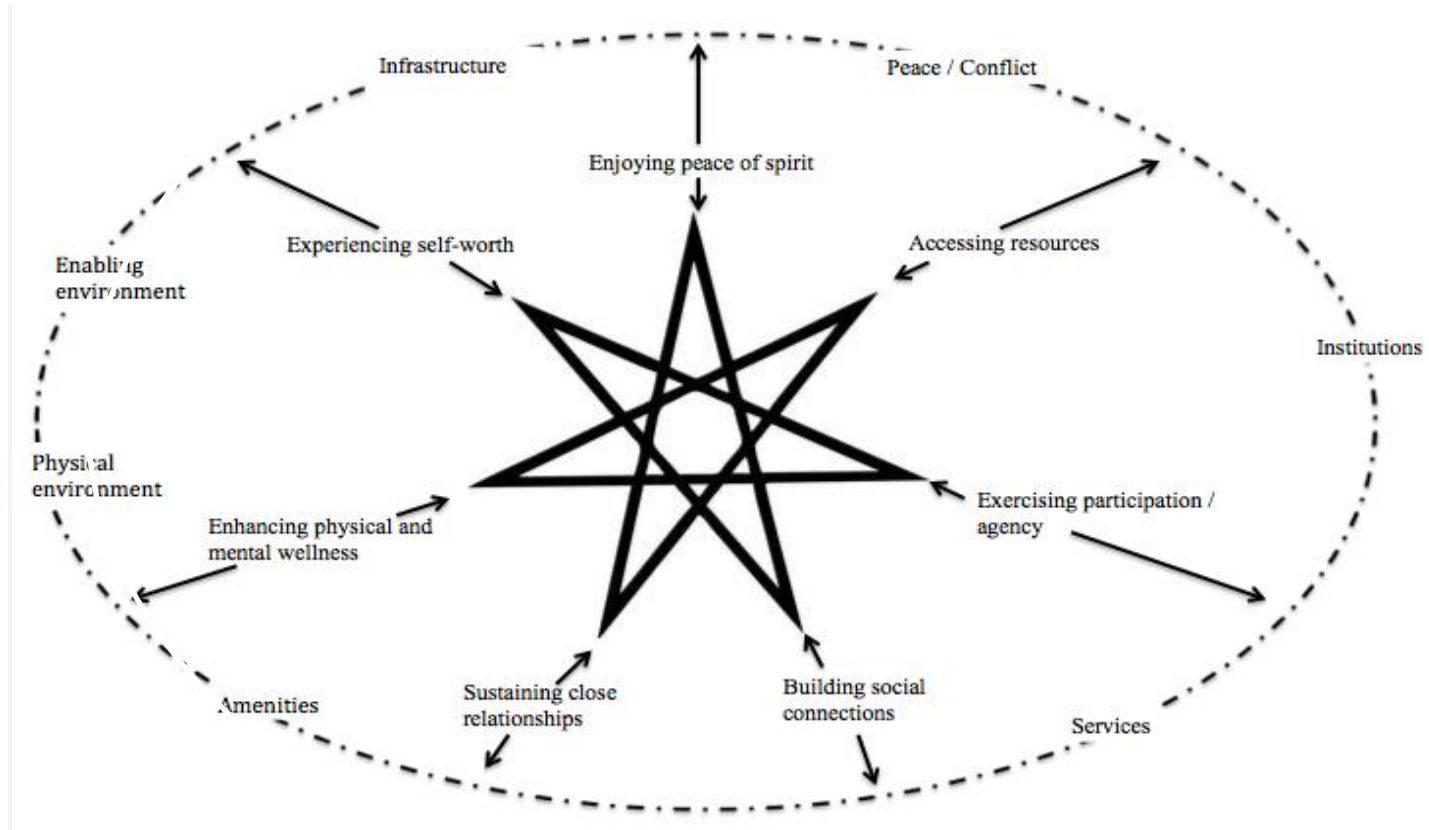
Enhancing physical and mental wellness: This domain emphasizes the body of an individual, both mental and physiological. White argues that an emphasis on the body is necessary as whose wellbeing is imagined/ discussed is ultimately important. This is premised on the notion that various groups of people will have different vulnerabilities in the wake of a health threat (e.g. elderly and youths) and as such, a focus on who is being assessed/ addressed is important.

Sustaining close relationships: this emphasis on close relationships mainly draws from WeD's research on the quality of life where happiness and peace were particularly mentioned in describing close and harmonious relationships. The relational concerns social interactions and rules that govern people and is socially constructed (Atkinson et al. 2012). It also deals with the social interaction and the politics of 'who gets what and why, which distils power between two people and therefore highlights inequalities that might exist between people in the society. This domain of wellbeing is particularly useful as it helps to move away from understanding relationships at face value but highlights the dynamic and power relations that exist in forming and sustaining relationships. Both WeD and PADHI in particular place emphasis on the importance of relationships for wellbeing. They do not however specify *how* the nature of relationships affects people's wellbeing. White's framework touches on this and this research will aim to expand on this.

Lastly *Enjoying* peace of spirit can indicate spiritual and religious wellbeing. In a guide to assessing this domain, White frames questions where people can address the following; what they need spiritually to be happy, how satisfied they are religiously and spiritually and identifying barriers and facilitators to spiritual/ religious wellbeing (p. 28).

These domains are illustrated below.

Figure 1 : An integrated model of personal wellbeing



Source: White (2009).

By emphasizing the highlighted verbs (access, exercise, experience, build and enhance), this places agency at the core of defining wellbeing in all domains (PADHI 2006; White 2009). It highlights the potential influence that these domains have on wellbeing (PADHI 2006) where an individual actively engages with them to achieve this. The use of verbs implies that it is these actions (access, experience, exercise, build and enhance) that are intrinsic to wellbeing, and not something that comes as an afterthought or has to be fitted into discussions on wellbeing (White 2009). This framework proposes that although all the domains are depicted as equal in size, how they each affect everyone is shown differently, depending on whose wellbeing is being assessed.

The broken lines around the circle indicate a link in how the individual experiencing wellbeing is connected to the environment around him/her, or rather “the enabling conditions’ of the external ‘enabling environment’ of physical environment” (White 2009, p. 14). This can be related to power and influence. The idea of including power as a variable in understanding wellbeing was borrowed from PADHI and this is important because what one feels, or what one feels he or she can do, needs to be understood in context of how the power dynamics work, whether in the family, or the community he or she resides in. It highlights the importance of the external environment in order to achieve wellbeing. It also means that wellbeing is not equally available to everyone in the community and is a result of the level with which they are able to interact with the environment. The quality of supportive institutions and systems, both at the community and social level, are crucial to the wellbeing of people. In terms of identity, a person’s identity, whether self-perceived or conferred, is crucial to his or her ability to exert power or influence in the society. This also highlights the influence that power of others in the society has on an individual’s wellbeing (Prilletensky et al. 2001).

While WeD presented the domains of wellbeing as interconnected and interdependent, White’s framework indicates a star with a spiral at the core indicating that this will change over time.

This research recognizes these domains are also related and the findings in subsequent chapters will show the intertwining of these domains. Chapter 7 will show how various aspects in the lives of the girls reflect the domains in White’s framework in two sections: Money and wellbeing; Business and wellbeing. In the section on money and wellbeing, money does not necessarily have to be from a source of income or livelihood but rather the general presence of money from different sources (e.g. family members) affects their wellbeing. Domains such as *accessing resources* will

be analyzed using the data as girls speak of how the presence of money can aid in wellbeing for themselves and their families as well as contribute to *sustaining close relationships* with their husbands. In the section on Business and wellbeing, I explain how a business having can facilitate *exercising agency* as they have a say in the running of the household. This also points to relational wellbeing where this business promotes *building social connections* as well as *sustaining close relationships* between themselves and extended family members. Having a business, they will point out, leads to *experiencing self-worth*, in their ability to fulfill societal roles and responsibilities as well as gain respect from family and community through this means. The data will also reveal how the feminization of poverty might be perpetuated as well as a discussion on household economics and women's work in this setting.

The next section of this research focuses on the concept of agency. This major theme evolved during data analysis and as such warranted a review of the concept. Below, I will explore agency as a concept and briefly highlight its relation to studies concerning the female gender. I will also review major conceptualisations of agency and adopt a working definition for this study.

2.8 Conceptualising Agency.

According to Said (1978),¹⁶ the female gender is all too easily conceptualised as the traditional, oppressed and helpless other, with all females seemingly viewed as a homogenous group (Mohantry 2003; Steady 2005). Mohantry whose influential work on womanhood in the global south (1991; 2003) has argued that women in the global south have been seen as victims and not as agents of their destiny. However, the grouping together of all women and seeing them only through an oppressive lens is restrictive. This is not a helpful categorization because if women are only seen as oppressed, there is a tendency to miss actions that might be seen as having some form of agency. Mohantry (2003) argues that agency is the opposite of passivity and explains that acts of agency can be missed when women are not presented as significant social actors. Being social actors can vary from acts carried out in the home to activism on the streets, but the main point behind this is to understand that women are more than just oppressed individuals.

¹⁶ A key author in understanding the nuanced aspects of gender as a whole and as relates to this study.

In most cases, agency and autonomy are often used interchangeably, with a fair amount of debate surrounding their meanings and similarities (Kabeer 1998; Rammohan and Johar 2009). On a general note, autonomy is usually focused on self-reliance and sufficiency (Friedman 2000) while agency is the ability or power to act purposely and make strategic life choices (Kabeer 1998). So, while sometimes used interchangeably, agency places more emphasis on the actions of individuals and their capacity to act in favour of their desired goals.

Agency in many cases has been defined as an action; something that you do; a verb something that is done (Wyn and White 1998, p. 315). White and Wyn (1998) also recognize personal agency as a form of effective agency¹⁷, which is linked to an individual ability to achieve goals within their private circumstances. This concept of agency presented is quite similar to the concept of cultural agency found in anthropological literature (Butcholtz 2002; Beals and Wood 2012). This concept largely refers to actions, which do not necessarily challenge social and structural norms but through their actions rewrite and reconstruct culture (Beals and Wood 2012). Agency can also be seen as the ability of individuals to make choices and act in accordance to what is meaningful for them. However, these assumptions suggest an individualistic idea of agency, where the notion of self-determination and free will is widespread (Nyman et al. 2014). Agency however is a complex process with definitions differing according to various theoretical foundations (Nyman et al. 2014). Various authors are however critical of the individualistic notions that underpin these conceptualizations of agency, where autonomy and independence are common features (Nyman 2014; Wray 2004). For example, Wray (2004) argued for a more culturally specific way of examining agency, as its meanings vary across cultures and as such, universalised definitions should be avoided. Rather, she suggested that agency should be seen as a relational process where people deal with issues on a day to day basis. This therefore means agency is not constructed on an individual basis, but rather socially and culturally.

An emphasis on agency places the individual alone at the centre and illuminates the choices that they make. Various authors have however argued that emphasis on individual agency suggests or creates an illusion of greater freedom” (Abeyasekera 2016, p.2), which inadvertently suggests that

¹⁷ The other two dimensions of effective agency they identify are collective and transformative, collective where a person works with others to introduce small changes to society and transformative where people work together on small projects to bring about change.

people are less restricted by the social values, normal and orders that surround them (Abu-Lughod 1990). Of note in the context of this thesis, Charrad (2010) argues that women take into consideration social values and norms when they act and argues that any conceptualisation of women's agency needs to be understood in relation to entrenched power hierarchies, as well as institutional and structural forces in their immediate environment. Ahearn (2001) has also argued that equating agency with free will overlooks the social nature of agency¹⁸, as culture is pervasive in human intentions and beliefs (Ahearn 2001, p.114). Agency can also be constructed in relationship to structures, on one hand being defined by structures, and then on the other hand, defining structures (Dutta 2008; Dutta and Basnyat, 2008; Dutta-Bergman, 2004a, 2004b). Here, individuals make sense of the surrounding contexts that enable and constrain them and make choices within these structures (Dutta 2008).

These views on the actions of people pivot away from seeing agents as individuals who act autonomously, but rather as people whose actions reveal a multiplicity of motivations and intentions (Graham- Murphy et al. 2014). Moreover, in her article on conceptualizing women's agency across cultures, Charrad (2010) argues that agency, by definition, involves a certain level of "inevitable ambiguity, since it is context-specific" (p. 519). Furthermore, Atasoy (2006) states that in emphasizing agency alone, this standpoint assumes that women are individuals who aim for, or desire, self-realization by fighting against the oppressive institutions that aim to suppress them (p. 206). Keeping this in mind, as well as echoing what other authors have previously said, research should offer a deeper understanding of the complex nature of agency as well as the context in which it is displayed (Ahearn 2001; Madhock et al. 2013). Various authors for example Haraway (1989); Hemmings and Kabesh (2013); Philips (2013) and Gill (2007) also argue that a more nuanced way of examining agency especially when speaking of women in the global south, can further help to move away from the victim or oppressed narrative that seems to dominate the literature as regards this group of women. In other words, research involving women in most settings in the global south can seek to contribute to a more nuanced way of understanding this concept outside western frameworks of agency.

¹⁸ The mitigating "forces" that are present in the social world of an individual.

Ahearn thus presents a provisional definition of agency that I will be adopting for the purpose of this study. Here she views agency as the “sociocultural mediated capacity to act” (Ahearn 2001, p. 118). She argues that how agency is defined and constructed should take into consideration time and place.

This definition acknowledges the actions of an individual but understands that certain factors in his/her environment will influence certain actions, i.e. the conditionality of actions. In other words, actions are better understood in the contexts in which they are made. This is also largely in line with having a culturally embedded form of agency (Korteweg 2008).

To further understand how agency can be conceptualized in this study, I draw on Klocker’s (2007) study of Tanzanian adolescent female domestic workers displaying agency in the midst of unacceptably poor working conditions. Here, they made decisions aimed at improving the lives of their families economically and by negotiating with power restrictions around them. In this study, Klocker conceptualizes two forms of agency that are helpful in this context of this study: ‘thick’ and ‘thin’ agency, where the former refers to actions taken when a broad range of alternatives are available, and the latter when decisions are taken in restrictive or limited contexts. She explains, “When their agency is identified as ‘thin,’ rather than non-existent, this enables acknowledgements both of their difficult circumstances and their efforts to survive and to build better lives” (Klocker 2007, p. 92).

This thesis also shines a light on the ability of a young girl to make choices. Gill (2007) however argues that choice should not be a standalone concept as this emphasizes “the autonomous, freely choosing subject appears peculiarly affectless, apparently not governed by any forces” where this model inherently ignores how power structures affect choices made by the relationship that exists between the individual and the social or cultural context he/she resides in. Kabeer (1999) further argues that choice is a characteristic of both autonomy and agency. The power to make these choices is however tainted by a realisation that in the absence of viable alternatives, a choice is hard to conceptualise. Lopez (1997) argues that choice is an ideology which is primarily based on the ideal or the assumption that people have a variety of options, and that we live in a “free society and have infinite alternatives from which to choose” (p. 160). In other words, if there is only one

viable alternative to an action, then one can hardly characterise a decision made as a choice in every sense of the word. This will be further explained especially in chapter five titled: Constructions of marriage: Agency and choice.

In summary, as argued above, it is important to understand how various actions take place per context, so as not to quickly categorise people into a box based on their choices, but to understand the reasons behind choices. A common misconception is to compare agency only in relation to resistance and this comparison/ conceptualization stands the danger of missing various displays of agency that do not resist power structures. This will be discussed below.

2.8.1 Beyond agency and Resistance

Notions of agency are often associated with celebrating resistance, which is one interpretation of agency as relates to power structures in society (Goddard 2000). Routledge (1997) defines resistance as “any action imbued with intent that attempts to challenge, change or retain particular circumstances relating to societal relations, processes and/or institutions. [Which] imply some form of contestation [and] cannot be separated from practices of domination” (p.361). As Hanmer and Klugman (2016) suggest, the very notion of agency implies the ability or capacity to overcome barriers and to “question or confront situations of oppression and deprivation” (p. 237). Whether this is displayed in a “hidden” form (Scott 2009) or located in violent military activism or passive submission to authority (Jeffery and Jeffery 1994), agency is mostly discussed within the boundaries of resistance, or used as a synonym for resistance (Ahearn 2001). However, Abbas (2014) proposes that “we can see that agency is not simply another name for resistance to domination” (p.5), but rather understand that it does indeed transcend these debates. In some cases, it includes situations where people/ agents act in unusual and unexpected ways which go against the grain of the usual practices in question, such as early marriage in the context of this study. This means that agency “operates on a different register” (Richmond 2011, p. 423) than that which is related to resistance and can be explained differently from what is studied in theory and what is seen in practice. Thus, women who are not found in the realms of activism, may not just be passive victims of circumstance (Jeffery 1998), but can also be seen as agents who act in a different way

and display agency which may be missed by the unpracticed eye¹⁹, aiming to map out various displays of agency (Banerjee 2014). This sets a foundation to further contextualize the findings in chapter 5.

2.8.2 Agency and wellbeing

As discussed earlier, the discipline of wellbeing, has moved from only been seen as unidimensional to multidimensional measures. For example, this means that wellbeing does not just take into account individuals' income, but also includes variables that are non-economic, such as a) what individuals do and can do b) how they feel and c) the context/ environment in which they live in, (Stiglitz et al. 2009; Alkire and Foster 2011; Alkire and Santos 2014). Agency has been seen to be related to wellbeing, on the basis that one does what he/she wants to do according to what he/ she values. As Sen argues, agency and wellbeing are different but an intrinsic part of every individual. He defines agency as “what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important” (Sen 1985, p. 203). So, while wellbeing can refer to a person's state (of emotions, relations and material aspects of life – according to the triangle provided by WED), Sen (1985, p. 206) argues that agency is important “in assessing what a person can do in line with his or her conception of good”. However, when someone exercises agency, it does not always reflect what someone sees as good. There might be cases where someone is pinned against a wall or backed into a corner and has to exercise agency either as means of survival or make a decision in light of the range of options available at that time.

So, agency can be seen as a dimension of wellbeing, given that wellbeing is a key focus of this study. However, examining only one aspect of wellbeing might be too restrictive, and faces the risk of forcing a concept to fit in perfectly within another. In other words, I recognise that wellbeing and agency are interlinked, but will seek to understand these concepts separately and explore motivations behind actions and assess where these two concepts interlink in the course of this study.

¹⁹ People not conversant with various expressions of agency in a particular context.

The next section will review the structure –agency debate, as this will be beneficial in providing a context to understand how the choices regarding marriage are made and how/if agency is exercised. Giddens, a pioneer in understanding individual actions in relation to social structures, argues that there is no separation of these entities, that is, between structure and agency. He argues that examining these concepts as separate entities is a false dualism and that they influence each other and are always interlinked. This debate is delineated below.

2. 9 Structuration theory: A marriage of agency and structure.

The structure versus agency debate has been a long-standing issue in the field of sociology, as various theorists have tended to focus on one side or the other of the equation, with some emphasising the weight of social structures over individuals (Bourdieu 1977 cited in Roth 2013; Durkheim 1966; Marx and Engels 1978). Giddens argues that creating a divide between these two theoretical camps is unproductive and a fundamental fault in sociology (Giddens and Sutton 2014; Hughes 2015). Structure and agency are two sociological concepts used to explain how human behaviour is shaped. Giddens states that:

.....action and structure ... form a duality. That is to say, action and structure stand in a relation of logical entailment: the concept of action presumes that of structure and vice versa. I use the phrase ‘duality of structure’ to mean that structure is both the medium and outcome of social practices it recursively organizes (Giddens 1981, p.171).

This means that agents and structures are not two independently given sets of phenomena, a dualism, but represent a duality (Giddens, 1984, p. 25). He associates these rules and resources with situated practices.

Giddens argues that any action is based upon an individual’s reflectivity, rationalization and motivation for that action.

In an attempt to bridge the gap between agentic and structuralist perspectives, Giddens (1984) proposes the theory of structuration, where he decries the notion of either the experience of the individual, or the presence of any form of societal totality as capable of offering complete explanations of the way the (social) world works. He proposed that the study of structure alone does not give room to explore or explain the actions of individuals. It tends to focus on the

occurrence of large scale phenomena within the social world and ignore actions of the individual, while those studying agency tend to focus more on individual actions (Giddens and Sutton 2014). Instead, Giddens suggests that both structure and agency work hand in hand to proffer an explanation for the actions of people within a social system. How these work hand in hand, or imply each other, is what is known as the ‘theory of structuration’, which analyses the way in which the purposeful actions of individuals are framed in the social system in which they exist. He further states that these actions (or social practices as he terms it), are set in time and unchanging where individuals constantly call upon certain social rules or formulae to negotiate the routine of everyday life. In this vein, he suggests that social activities carried out by humans are recursive-repetitive with similar patterns- where the environment in which they live mainly serves as an enabler for the recreation of these activities. Society acts as a means to enable and accommodate these practices. Thus, when an action is produced, it is just a reproduction within a social system that existed before the entrance of the actor, and as such, activities are not introduced into the society by individuals but are a result of their knowledge of social structures.

In an attempt to explain how agency works within this context, Giddens proposes a so called ‘stratification model’ consisting of components explaining how an agent acts and how this is translated into agency. These are presented below

1. Reflective monitoring. Giddens states that actors/individuals, in addition to a continuous monitoring of their individual actions, also monitor aspects of the context in which they are situated, be it social, physical etc. Thus, when an action is undertaken, it should not be seen as wholly springing from the thoughts of the individual in isolation; it is also the outcome of an assessment or evaluation of how others negotiate these activities, which hereby contribute to inform an action. He believes that individuals engage with their environment where they are “monitoring their place in it” (1976, p.103).
2. Rationalization of action. Giddens further suggests that actors usually maintain a level of theoretical understanding of their activities, however he cautions against equating said understanding to the ability to give discursive reasons for engaging in specific actions. In other words, we must not equate the understanding of someone’s actions with their ability to give reasons for taking part in that action.

Thus, the individual maintains a level of understanding about the subsequent action, which is informed by a collective assessment of the environment he/she is situated in.

Giddens argues that in order to understand actions, we should take into consideration the knowledge of an individual and understand his/her motivation to act. Giddens notes that

.....it is a necessary feature of action that, at any point in time, the agent could have acted either positively in terms of attempted intervention in the process of ‘events in the world’, or negatively in terms of forbearance (Giddens 1979, p. 56)

Critics of Giddens have proposed that his theory supports an excessive form of voluntarism, where the will of the individual is emphasised. Giddens has defended himself against this claim, as he states that action is intricately tied to power and transcends the will of an individual. In other words, critics who say that an individual has the choice to act in a different manner do not consider that in some cases, there are conditions that come into play where no other outcome is foreseeable.

Giddens does, however, reserve the notion of action situations. Specifically, he posits that action “only exists when an agent has the capability of intervening, or refraining from intervening, in a series of events so as to be able to influence their course” (Giddens 1979, p.256). Ira Cohen (1987, p. 285) backs this up, as he states that principal agents are always capable of acting otherwise. Although Giddens perceives these concepts fundamentally as being in two separate theoretical camps (Hughes 2015), that is an agent defining society and society independent of human agency; (Kasperson 2003, p.3), the onus of his standpoint is the *extent* to which individuals are obliged or restrained by the structures of the society into which they are born. These agencies draw on available resources to interact and change the society around them, all the while bound by its structures. One of his most influential propositions is the reflective self, a process whereby, an individual monitor his or her actions reflectively, watching, and inspecting what they do, and also adjusting their actions according to the perceived impact (Giddens 1991, 1992, 1996). My study further aligns with this perspective, as I will expand on the reflective monitoring of one’s actions and subsequent adjustment of action. Although this was an innovative way of looking at human action, human motivation and recursiveness of human action, critiques of this abound. King (1991) believes that “Giddens later writings have become an apology for the status quo” (p. 6) as his writings are too descriptive and not a true reflection of what happens on a day-to-day basis.

Giddens is also criticised on the grounds that while his approach in the study of society is impressive, it does not engage sufficiently with the dynamics of modern day, and even past, societies (Hughes, 2015). King (1999), in particular, questions Giddens' argument that past 'traditional' societies were static and ritualistic and argues that even in present and contemporary society; tradition and rituals are still a big part of life, whether they come in the form of religion or cultural practices. While these are noteworthy observations, the critique of structuration theory not being able to engage with past societies seems lacking as at any time, past or present, structures have an influence on human action.

Other authors (Skeggs 2004; Atkinson 2007) highlight that Giddens fails to highlight the importance of social class in his work and argue that this is a dynamic concept and should not be classed as part of a social structure. Skeggs (2004) also highlights that the structuration theory almost accounts for the existence of the middle class whose choices are imposed on the rest of the population without bringing into play this element of an individual's identity. Although this work has also been criticised for its lack of empirical engagement (Fuller 2000; Simmons 2002), Hughes (2015) argues that the "sheer breadth, depth and volume" (2015 p. 447) of the structuration theory has provided an interesting field within sociology. He further argues that this has formed a strong basis with which to build an understanding of society and the actions of those who live in it. This is the very foundation I am standing on, as I seek to understand agency (motivation and action of young girls) in the context (structures – religion, culture, economic indicators) in which they live.

I will now briefly present an argument mostly in tabular form that will show the relevance and place of this thesis in the current landscape of early marriage, as pertains to agency and decision-making by young girls.

2.10 Current Landscape of Early marriage and its place of this thesis.

As alluded to in the introduction of this thesis, the majority of studies (which are mostly carried out by international organizations) relating to early marriage focus on the causes and consequences of early marriage, as well as the timing of marriage. However, in the course of my literature review, I have only discovered a few studies focussing on the experiences of married girls as a whole. These studies are few compared to the number focussing on causes and consequences of early marriage. These studies in the above table exclude articles that provide general information on the

state of married adolescents (such as WHO 2006; UNFPA, 2004, Santhya and Erulkar 2011; Makinwa- Adebuseye 2006) but rather include studies that deal with the experiences of married girls as well as exploring agency both at the time of marriage and afterwards. Searching through databases such as PubMed, Medline, PROQUEST, Google Scholar as well as grey literature, I identified 17 studies that can be linked to experiences of marriage as told from the perspectives of girls. See table 3 below.

Table 3: Studies focusing on the experiences of marriage as told from the perspectives of girls

Authors	Title	Place of Study	Aim	Methodology
Erulkar and Bello 2007	The Experience of Married Adolescent Girls in Northern Nigeria.	North West and North East of Northern Nigeria.	This study is meant to serve as a basis for developing programs for married adolescents in Northern Nigeria.	Mixed Methods: Secondary Data Analysis from Nigeria Demographic and Health Survey (NPC 2004). 7,620 women aged 15 to 24. Interviews carried out with 18 girls in the same age group.
Callaghan et al. 2015	Hearing the silences: Adult Nigerian women's accounts of 'early marriages'	Sokoto State, Nigeria.	Explore the complexity of "hearing" women's experiences when their identities are bound in culturally overdetermined ideas of femininity that function explicitly to silence and constrain the spaces in which women speak.	Qualitative interviews with six Nigerian women from Sokoto state, who were married between the ages of 8 and 15
Hamid et al. 2009	"Who am I? Where am I?" Experiences of married young women in a slum in Islamabad, Pakistan	Pakistan	Explores the preparedness for and actual experiences of married life focusing on inter-spousal relationship, sexual activity and pregnancy among adolescent girls.	Interviews with 10 married girls aged 13-19
Sahu et al. 2016	Contextualizing Women's Agency in Marital Negotiations: Muslim and Hindu Women in Karnataka, India	Karnataka, India	Explore the relationships between women's educational attainments and women's exercise of agency in spousal selection and the timing of marriage.	36 in-depth interviews, with 18 Muslim and 18 Hindu women
Murphy-Graham and Leal 2014	Adolescent Marriage, Agency, and Schooling in Rural Honduras	Latin America: Honduras	This explored the association between adolescent marriage, agency, and schooling in rural Honduras specifically addressing the ways	In-depth Qualitative case study with 2 girls.

			(if any) girls exercise agency in their decision to marry.	
Burcu et al. 2015	Fate of the Flowers: A Qualitative Research on Early Marriage of Turkish Women	Turkey	Present the role of traditional practices regarding early marriage using narratives of Turkish women who married under the age of 18	In-depth interviews with 8 Turkish women who married at an early age
Rashid 2006	Emerging Changes in Reproductive Behaviour among Married Adolescent Girls in an Urban Slum in Dhaka, Bangladesh	Dhaka, Bangladesh	This paper highlights the vulnerability of young women as they pragmatically make choices within the social and structural constraints in their lives.	Ethnographic fieldwork among married adolescent girls, aged 15–19
Hamid et al. 2011	Marriage Decision Making, Spousal Communication, And Reproductive Health Among Married Youth in Pakistan	Pakistan	The current study was undertaken to explore how young married women's involvement in the arrangements surrounding their marriage is associated with their ability to negotiate sexual and reproductive health decisions in marriage.	Subset of 1,803 married young women aged 15–24 years was drawn from a nationally representative adolescent and youth survey conducted in Pakistan in 2001–2002 by the Population Council.
Segal-Engelchin et al. 2016	The Experience of Early Marriage: Perspectives of Engaged and Married Muslim Women in Israel	Israel	Investigate the motivations/inherent understanding of decisions to get married early and the outcome of early marriage among 5 engaged, and 5 married young Muslim women who married young.	Phenomenological case study combining artwork and semi-structured interviews among girls aged 15-26
Shahabuddin, et al.2016	What Influences Adolescent Girls' Decision-Making Regarding Contraceptive Methods Use and Childbearing? A Qualitative Exploratory Study in	Rangpur District, Bangladesh	This qualitative study was aimed at exploring the factors that influence adolescent girls' decision-making process in relation to contraceptive	35 in-depth interviews with married adolescent girls, 4 key informant interviews, and one focus group discussion with community health workers

	Rangpur District, Bangladesh		methods use and childbearing	
Mahesh et al.2011	Suffering in silence: consequences of sexual violence within marriage among young women in Nepal	Nepal	Explores the definition of sexual violence and its various forms and consequences as reported by young married women in Nepal. Also describes the coping mechanisms used by young married women to avoid sexual violence perpetrated against them by their husbands.	Analyses qualitative data from previous study “Sexual violence among young Couples in Nepal”. The data is comprised of 39 free-lists and 15 in-depth case histories with married women aged 15-24 years
Montazeri et al.2016	Determinants of Early Marriage from Married Girls’ Perspectives in Iranian Setting: A Qualitative Study	Iran	Therefore, the current study aimed to explore determinants of early marriage from married girls’ perspectives.	Semi-structured interviews with 15 married girls, with an inclusion criteria girl aged 3-19.
Belhorma 2016	Two months of marriage were sufficient to turn my life upside down’: early marriage as a form of gender-based violence	Morocco	This article focuses on the experience of Moroccan women married under the age of 18 and proposes an analytical framework to support better understanding of the relationship between early marriage and gender-based violence against women and girls	40 FGDs with women who had been married before the age of 18. At the time of the field work, they were aged between 20 and 24.
Nasrullah et al.2014	Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban slums of Lahore, Pakistan	Pakistan	Describe women's knowledge and attitude towards child marriage practice who themselves were married as children	Interviews with women aged of reproductive age (15-49 years) who were married prior to 18 years.
Schuler and Rottach 2011	Why Does Women's Empowerment In One Generation Not Lead To Later Marriage and	Bangladesh	Examine young women's relationships with their mothers and mothers-in-law to	Ethnographic interviews with 20 triads of women— young married women, their mothers

Workineh et al. 2015	Childbearing In The Next? Qualitative Findings from Bangladesh		understand how these relationships foster empowerment in the younger generation or fail to do so.	and their mothers-in-law.
	Determinants of Early Marriage among Female Children in Sinan District, Northwest Ethiopia.	Ethiopia	Determinants of Early Marriage among Female Children in Sinan District, Northwest Ethiopia.	Community-based cross-sectional study design was carried out
Jejeebhoy et al. 2013	Marriage-Related Decision-Making And Young Women's Marital Relations And Agency	India	To explore associations between marriage arrangements and young women's marital relations and agency	The survey focused on married and unmarried women aged 15-24, unmarried men aged 15-24, and, because relatively few men had married at a young age, married men aged 15-29

As seen above, seventeen studies provide insight into the experiences of married girls, in particular, an understanding of their perspectives regarding marriage. Only two studies were carried out in Northern Nigeria (Erulkar and Bello 2007; Callaghan et al. 2015) while the majority of the other studies within the continent of Asia. Thirteen of these were qualitative in nature while the others were either mixed methods or quantitative. Compared to the wide range of studies that exist with regards to early marriage, these studies are just a drop in the much wider pool and this study aims to contribute largely to these findings with regards to exploring the perspectives of young married girls on decision-making and agency, both at the time of marriage and afterwards. With the exception of Hamid et al. (2009) and Schuler and Rottach (2011) whose studies do not fit with the aim of this thesis, the findings of the other studies above will largely be presented alongside the findings in this thesis (chapters 5 and 6) to either complement or contrast what has been found. Where fitting, they will also be presented in the discussion chapter.

The next chapter further sets the scene for this research by contextualising this study, presenting various indicators such as the geo-political, socio-economical, religious and ethnic, health systems as well as gender issues, that cover the landscape of Nigeria and the site where this research took place.

CHAPTER 3: Background

3.0 Introduction

This chapter aims to provide a context for understanding Nigeria. Here I will discuss the background of Nigeria which will include the economy, health systems, ethnicities, religion and a snapshot of gender in Nigeria. This is necessary in order to understand the wider context in which this study took place, and in which the girls live.

3.1 Background and History of Nigeria.

Nigeria is located in West Africa on the Gulf of Guinea, and is found below the sub-Saharan desert, and stretches across 923,768.00 sq. kilometers. Nigeria is bordered by the Republic of Benin in the west, Republic of Chad and Cameroon in the east, Republic of Niger in the north, and the Atlantic Ocean in the South. With a population of approximately 186 million (World Bank 2016), Nigeria is the most populous nation in Africa and the seventh most populous in the world (Worldometer 2016). Furthermore, a recent report by the UN estimates that Nigeria will surpass the US and become the World's 3rd most populous country by 2050 (UN 2017)²⁰. Nigeria is also multi-ethnic with about 200 ethnic groups speaking 250 languages (Falola 1999). English is the official language spoken side by side the local languages as well as Pidgin English. About 70% of this population lives in rural areas and 30% urban in urban spaces (National Population Council-NPC 2006). Nigeria is divided into 36 states, which are altogether also sub-divided into 774 districts (commonly referred to as local governments), and a federal capital territory. These states are further aggregated into six geo-political zones: South-West; South-South; South-East; North-East; North-West; and North-Central. These six zones are carved out or grouped based on geographical location, similar cultures, common histories and ethnic groups (Eze et al. 2014).

Nigeria was granted independence by Britain in 1960 and shortly after this event, leaders from the newly formed regions (Northern, Southern, Eastern and Western) were embattled in a power struggle aiming for the central government (Our Africa 2017). Nigeria's Fourth Republic, which began in 1999 with the election of Olusegun Obasanjo, has particularly been laden with security

²⁰ Estimated to be consistent with the 1963, 1991 and 2006 censuses, adjusted for underenumeration, with the age and sex structure from the 2011 MICS4 survey, and with estimates of the subsequent trends in fertility, mortality and international migration.

issues such as communal clashes in the middle belt, militancy and vandalism in Niger Delta, as well as insurgency in the North- East (Taft and Haken 2015). The uprising of the religious sect known as *boko haram* in July of 2009 due to a desire to establish sharia law in the country (BBC 2017) marked continuous years of instability in the country, especially within the northern regions. The next section highlights the economy of Nigeria.

3.2 Economy of Nigeria.

Nigeria is a poor country; it ranks 158th out of 182 countries on the (UNDP 2013). The country is endowed with vast and abundant natural resources, many of which have largely remained untapped. Prior to 1970, which marked the oil boom in Nigeria (Falola 1999), agriculture was the mainstay of the Nigerian economy and the major revenue earner in the nation. After the Nigerian civil war ended at the beginning of 1970, the production of major crops like cashew nuts, yams, legumes and palm oils were limited, which implied that Nigeria could be food self-sufficient if it chose to be, i.e. rely on local food production as opposed to importation. This, however, has not been the case in recent times, as the government has failed to keep up with the rapidly growing population, as most resources are channeled into the production of oil and the government now has to rely heavily on importation of food into the country. This neglect might explain the decline of this once thriving sector. Furthermore, large-scale farming is not a norm rather, subsistence small scale farming using simple tools is predominant in Nigeria.

Nigeria is a poor country despite its oil wealth, which is concentrated in the South. Further disparities in wealth reveal that two out of three Nigerians live in poverty in the North compared to two out of five in the South (Nigeria: Gender Equality Challenges at a Glance 2011). The discovery of large deposits of crude oil in 1970, during what is normally referred to as the oil boom marked an unhealthy dependence on the export of crude oil by the Nigerian government. This is arguably unhealthy as oil sales makes up 13% of the GDP and 80% of government revenue. This dependence led to the subsequent neglect of the once thriving agricultural sector (Rao et al. 2000). Subsequently, Nigeria has now become an importer of agricultural products it once produced in mass e.g. rice. Furthermore, Nigeria was reportedly the 12th largest oil producer in the world and 8th largest exporter reporting for \$340 billion in revenues (McKinsey 2010). This translated into a

largely singular focus on oil exportation, as revenues from this venture proved to be very lucrative, which meant that the government focused on oil as the sole contributor to the economy as opposed to diversifying it. Furthermore, the oil sector accounts for 0.01% of the nation's workforce (Vanguard 2014) with almost all the poor and largely women taking part in the non-oil economy (Rao et al. 2009). This non-oil economy is largely dominated by the agricultural sector and while it only accounts for 28 % of the nation's GDP, it makes up 60% of employment (Rao et al. 2009). This dependence on oil has however come at a cost as the National Bureau of statistics (NBS) in Nigeria reported the economy slipped into recession in the second quarter of 2016. This is largely due to the economy being badly affected by external shocks, in particular a drastic fall in the global price of crude oil in 2014-2016 -the longest since the 1980s- (Majumdar 2016).²¹ In July 2016, the International Monetary Fund (IMF) further predicted an even steeper contraction of the Nigerian economy, meaning poorer living conditions for the nation's population.

Although this revenue generated from oil has made Nigeria the largest economy in Africa, this has not translated to better living conditions for the majority of its citizens over half of which live in poverty²² (World Bank 2014) with one in three adolescent girls belonging to such households (Sedgh et al. 2009). This is mostly reflected in the northern regions and rural areas of the country (Rao et al. 2009). Furthermore, figures vary between the North and South as the latter records low poverty rates ranging from 16% in the South West to 28.8% in the South East, while the Northern parts record 45.9% in the North-West and 50.2 % in the North-East (World Bank 2014). Low education levels, weak connection to larger markets and instability in the Northern regions can explain the high levels of poverty in the North, which continue to increase (World Bank 2014). This information is particularly useful as it provides a background from which to understand the prevalence of early marriage in the northern regions of the country. This might explain one of the reasons why parents engage in this practice as it provides a way of relieving the "burdens" of raising girls, through paying for fees, and instead marrying their young virgin daughters off, as seen in section 2.3.3. The next sections will briefly provide a background for understanding governance and health systems in Nigeria.

²¹ Going as low as 26 in January 2016 from a previous high of about 100 per barrel.

²² Although political instability and ethnic conflicts can contribute to the spread of poverty, the fact that Nigeria produces this amount of oil, accounting for 80% of government earnings, still remains concerning.

3.3 Governance in Nigeria

Governance in Nigeria is made up of three hierarchical tiers: the federal government; state governments; and the local governments. These local governments are further divided into wards across all LGA's in the country, with an elected member from this ward represented at the local council (CLGF-undated). This somewhat decentralized system of governance was evident after independence from British colonization and further reflects the difficulty in managing a nation that has multiple levels of government, which operates somewhat autonomously. The legal system as noted in Chapter 2, section 2.4.1 is made up of three distinct structures; Civil Law, Customary Law and Sharia Law. Although other parts of the country largely abide by the civil laws that are informed by the Nigerian constitution, the predominantly Muslim northern states (Nmehielle 2004) generally adopt the use of Sharia law (Nmehielle 2004), which is derived from the Holy Koran and the teachings of Prophet Mohammad in Islam.

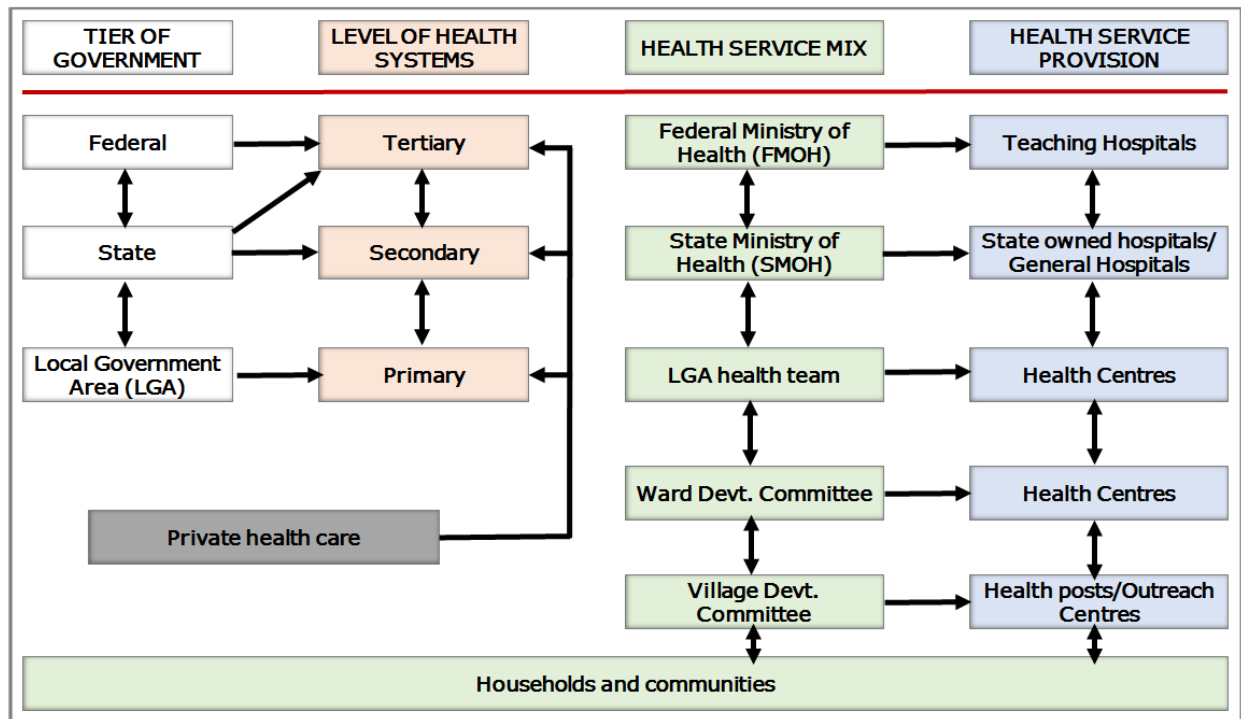
3.4 The Nigerian Health system

Health systems are defined as *“all organizations, people and actions whose primary intent is to promote, restore or maintain health”* (WHO 2007, p.2). This much used systems framework is further classified into building blocks, each dependent on the other for an effective functioning of the overall system. These are human resources for health (HRH); health commodities, including medicines and other supplies; health service delivery; health information and technology; health financing; and health governance. Within this system however, there seems to be a lack of explicit delineation of roles and responsibilities among these sectors.

Health service delivery generally relates to the managing and delivery of quality and safe health interventions with the most effective use of health resources. Even though there are some well-articulated health policies in Nigeria, critics argue that a poor and largely inefficient delivery system threatens the health of Nigerians (Aregbeyen 2004). Factors that affect efficient health service delivery include issues such as the poor quality of governance in Nigeria which contributes to the poor health service delivery (explained below), bureaucratic 'bottles necks' in health care delivery, and incessant industrial strikes by health professionals (Erhabor and Teddy 2014). The federal government also recognizes three levels of Health care delivery: orthodox, alternative, and

traditional. With little regulation across these sectors, it is difficult to bring effective healthcare delivery to the population. The presence of health personnel across these sectors also bring us to a brief reference to Human resources for health (HRH). HRH refers to having a health workforce that works in fair, effective and competent ways that bring out the best possible health outcomes in light of the available health resources (WHO 2007). The fair distribution of this workforce is also crucial in ensuring that all sections of the population receive good health care. Nigeria has one of the largest health workforces in Africa with most of the workforce concentrated in urban tertiary health care in the south of the country (WHO 2017). A Federal Republic of Nigeria HRH Strategic Plan 2008-2012 on human resources for health identified that a major challenge for Nigeria in terms of health was the availability and retention of adequate, competent and fairly distributed human resources. Some factors that affect the work force include high attrition rates from rural areas, a lack of co-ordination between private and public sectors and poor motivation among workers (FMOH 2007). The equitable access to health commodities i.e. vaccine, medicines and other supplies, which are safe, cost effective and sound are also essential to any health system. The absence of any robust data collection system and a lack of co-ordination across the various sectors leads to little, incomplete or fragmented information. Good health financing system refers to the presence of adequate funds for health, which ensures that people can use essential health services and are further protected from financial problems associated with paying these services. Good leadership and governance helps in ensuring good and strategic policy alongside regulation, system design and coalition building among various sectors

Figure 2: Governance and the health system in Nigeria



Source: Dogo-Muhammad 2010.

The rich revenue generated from oil sales have however not translated to improved health status for the population. The country's health care system remains weak and incapable of providing and supporting much needed services for the country's population (WHO 2008; FMOH 2011).

The Nigerian health system is organized along public and private pathways. Health care administration in Nigeria is undertaken by all tiers of governance at various levels. The tertiary level is under the control of the federal government, state and local governments. The federal government is responsible for overall national health policy formulation and provision of tertiary health services, state governments provide secondary care, while local governments target and focus on the important task of delivering primary health care services (NBS 2006).

Nigeria's health expenditure per capital is one of the lowest in the world (IMF 2016). In the last 15 years, the budgetary allocation to health has remained minimal at just 6% of the countries' gross domestic product (GDP). This is far below the stipulated minimum of 15% budgetary allocation to health recommended by the Abuja declaration in 2001 which Nigeria was party to (Izugbara et al. 2016). This inadequate financing of the public health systems has led to the rise of a pluralistic private health sector, made up of non-governmental not-for-profit and for-profit private organizations, and individuals meeting the health services demand (Bloom et al. 2008; Smith et al. 2004; Federal Government of Nigeria, 2007). This includes the faith-based organizations (Christian and Muslims), private organizations (profit and not-for-profit), and private individuals, including patent medicine vendors. This sector provides 80% of health care services in Nigeria (Federal Government of Nigeria 2007), with about 45% of the country's poor purchasing health care from private for-profit providers (Arnab et al. 2008). These services operate on an out of pocket basis (World Bank, 2013; FMOH 2016) where the manner of health care purchasing leaves the poor and vulnerable with high healthcare costs (WHO 2012). As a result, poor people mostly record poor health indicators, have the most unmet needs, and lack adequate access to health services (WHO 2001; Castro-Leal et al. 2000; Filmer 2004). Private health care facilities tend to be located more in the south compared to the North (Dutta, 2009) and also mostly located in urban areas, where the willingness and ability to pay for services is higher. Still, 50% of rural population patronizes these private services (IFC 2008). Although the Nigerian health system constitutes three levels of care: tertiary, secondary, and primary health care, people mostly utilise the services available at the primary level of care (Galadanci et al. 2010). They are spread throughout most of the communities, especially at local level, and as such are expected to play a very crucial and much needed role in health service delivery for the nation.

Primary health care (PHC) in Nigeria was adapted from the WHO model of primary health care (WHO 1978) in 1988 (FMOH 1988), with the aim to comprehensively and strategically address basic health challenges of the nation's peoples, especially those living in rural areas. This was to be done using community strategies rather than a diseases-focused approach (WHO 1978). Although PHC has remained the foundation of all policy frameworks since its inception, the system is plagued with poor and inadequate physical infrastructure, a shortage of human resources (i.e. health personnel) and frequently reported shortages, including stock shortages of essential

drugs. This has led to the low non-utilization of the PHCs around the country with profound consequences on the rural population, as the services that were designed primarily and specifically for them leave much to be desired, thus leaving them with little or no access to good and quality health care. The Northern region of Nigeria also has fewer health workers compared to the south, with reasons such as political interference and better work opportunities given for this divide (McKenzie et al. 2015). For example, a study by Galadanci et al. (2010) in the state of Kano found that the ratio of doctor and nurse to patient was 1 to 42,847 persons in the north and 1 to 6,383 persons in the south, thus influencing the efficiency and responsiveness of the health workers.

The WHO (2010) also reports that timely intervention on major health issues will likely reduce the mortality and morbidity rates, but this is a challenge in many African countries (especially in rural and remote areas) where people that are ill often, have restricted access to formal health care services with a number of deaths occurring in the household. The next section will briefly discuss one of the consequences of the weak Nigerian health system which subsequently has a profound effect on the health of both mother and child (Uneke et al. 2017).

3.4.1 Maternal Neonatal and Child health.

Since the early 1990s, poor maternal and child health indicators have been a recurring public health challenge in the country (Kana et al. 2015) reflected at the very start of data gathering on Maternal, Newborn, and Child Health (MNCH) (UNICEF 2008; Antai 2011; WHO 2012; Ezech et al. 2014). In the past three decades alone, Nigeria has shown to have one of the highest maternal mortality ratios (MMR) in the world recorded at 576 per 100,000 live births (NDHS 2013). These numbers however mask regional differences, as MMR is particularly higher in northern regions of Nigeria compared to the southern parts (Ezugwu et al. 2009; UNFPA 2009; Doctor et al. 2012) with figures as high as 1,549 per 100,000 live births compared to 165 per 100,000 live births in the southwest (SW). Women in these regions are at even more risk of morbidity and mortality due to a number of factors such as the weak/ poor health infrastructure (Sharma et al. 2016; Uneke et al. 2017), low literacy levels, poor health seeking practices (Akeju et al. 2016), large distances to health facilities (Alabi et al. 2014) with inaccessible roads to these health facilities further exacerbating the problem of access (Ibekwe 2010). Within Nigeria, the main causes of maternal mortality are hemorrhage, unsafe abortion, obstructed labor and eclampsia as well as a lack of awareness on pregnancy complications and subsequent need to seek help (FMOH 2007; USAID 2008).

Furthermore, as seen in discussions on the health system in Nigeria, above, the sparse distribution of health facilities in rural areas coupled with a lack of qualified health staff also contributes to the low level of deliveries in institutions (Ibekwe 2010). As Akeju et al. 2016 postulate, a good analysis and understanding of both cultural and social influences that affect health care is crucial in ensuring safe pregnancies and subsequent deliveries. Furthermore, within the Nigerian context, the ability of women to seek care is significantly dependent on the cost of antenatal care (Kabir et al. 2005; Sambo et al. 2013). In a bid to understand health seeking behaviors, the specific use of health care services is directly related to quality, cost of services, and health beliefs, as well as personal traits of health care users (Kabir et al. 2005).

In their report, United Nations Inter-Agency Group for Child Mortality Estimation (2011) posits that infant and child mortality rates are among the most important indicators of child health, nutrition, and related to the overall social and economic development of a population. Within Nigeria, neonatal and child health is also a cause for concern, especially in some regions of the country as geographical location and wealth influence child health. For example, the under-5 mortality rate of 171/1,000 live births vary between the lowest (219/1,000 live births) and highest (87/1,000 live births) as well as wealth quintiles (Abimbola et al. 2012). And although the neonatal mortality rate has reduced from 52/1000 live births to 37/1000 live births during the 1990-2013 period, these figures still fall below global targets (Abimbola et al. 2012). With maternal, neonatal and child health indicators lower in rural areas than in the southern regions of Nigeria (NPC 2009), the use of Traditional Birth Attendants (TBAs)²³ is crucial in the survival of mother and child. This is because more than half a million women die from pregnancy-related causes with most of these deaths occurring at home, especially within the first 24 hours of birth and within the first postnatal week (Sibley and Sipe 2006). With most of these deaths occurring in the global south (WHO 2011), TBAs are essential in ensuring maternal and child health in areas that are rural or where health systems are generally weak (Jemal et al. 2010) and access to skilled care is lacking, with most births occurring at home (Narayanan et al. 2004). TBAs inexpensive services, faith in their effectiveness, accessibility and availability are some of the reasons given for the use of TBAs in Nigeria (Imogie 2000). Although historically TBAs have worked outside the formal healthcare

²³ According to the WHO (1992), a TBA is a person who assists the mother during childbirth and who initially acquired her skills by delivering babies herself or through an apprenticeship to other TBA.

structure (Sibley et al. 2004), it is being increasingly recognized that they have a crucial role to play in improving maternal and child health in the global south. The WHO took this stance in 1992 where they emphasized the integration of TBAs in health systems through training and technical support (WHO 1992). This position has however been modified as many safe motherhood initiatives have called for TBAs to be seen as working hand in hand with skilled birth attendants rather than being primary care givers to pregnant women (WHO 2004). In Nigeria, the role of TBAs are a common fixture in the maternal health scene (Ahmed et al. 2005; NPC 2009) especially in rural areas where health systems are weak (Imogie 2000). In addition to the assistance they provide at delivery, TBAs also offer significant psychological support, empathy and cultural competence at delivery (Ebuehi and Akintujoye 2012). In chapter 6, the role of TBAs will be explored where the girls will give account of their experiences with them and the perspective of a local TBA (a young married girl) will be explored.

3.5 Gender in Nigeria

This section will help in understanding the state, status and role of women in the Nigerian context. Although some parts of the literature review has covered issues relating to gender, specifically in relation to early marriage (see section 2.3, 2.4 and a little on 2.5), this section provides a broader view of gender in Nigeria, and then narrows it down to Northern Nigeria where this research takes place.

The Nigerian society is patriarchal in nature, where its structure enables men to dominate women (Aina 1998 cited in Makama 2013), meaning women have significantly fewer life opportunities than the men. Men generally are socialized to be in charge of most vital aspects of life, with Nigerian society encouraging the different sexes to internalize these roles and responsibilities (Nwanuobi 2001, p.1). In other words, society accords the two sexes distinct roles, responsibilities, and presumed worth, with masculinity having the upper hand. Thus, women are perceived as underclass and lack opportunities to participate in social, economic and political life at the same level as men (Okome 2002, p. 43). This means that men and women have different life experiences relating to health, work, skills, life expectancy and freedom of movement as a result of the social positions they occupy (Omonubi- McDonell 2003). In Nigerian society, women are still

considered mainly responsible for the rearing of children, in charge of domestic chores at home as well as meeting the needs of the family members (Makama 2013). Within Hausa culture, socialization into gender roles start from young ages with cultural requirements of submissiveness, and humility for females (Zakaria 2001).

3.5.1 Socio- economic indicators.

Although women make up more than half of the population of Nigeria (Makama 2013), their contribution to the social and economic development of societies is also significant (more than half) compared to that of men, by virtue of their dual roles in the productive and reproductive spheres of life (Makama 2013). However, their participation and subsequent say in the use of the resources generated by both men and women remain insignificant. The Hausa dominated culture of Northern Nigeria is patriarchal in nature and traditionally confines the roles of women both in the formal (economic) sector and work force at large. Furthermore, men i.e. brothers, fathers, other male family members, as well as groups of male youth can define, shape and determine cultural concepts of shame, seclusion, and respectability as well exude control over a woman's autonomy (Mercy Corps 2013). Women in Nigeria lag behind men in most indicators of socio-economic development indicators (Mercy Corps) and make up the largest share of the poor, unemployed, and marginalized population in Nigeria (Olubunmi 2008). There is also a glaring gap between rural and urban women where 54 million of Nigeria's 80.2 million female population live and work in rural areas and provide about 60% - 70% of the rural work force (Vanguard 2017). Human development outcomes for girls and women are also far better in the South, where Nigeria's oil wealth is centralized. The role of Muslim women in paid employment is a source of controversy both in Northern Nigeria and the Islamic world (Zakaria 2001), where Islamic scholars believe that ideal occupations for women are those that require privacy and do not go against religious norms, such as medical care and teaching.

Given the importance attached to Islam in Hausa Society (Koziel 2016), it is necessary to analyze the woman's status in Islam, such as a right to own property/land and to earn a living (Koziel 2016). However, these rights are impeded by the expectations that fall on them whereby they are socialized to have a primary responsibility of bearing children and taking care of the home.

Furthermore, the woman is generally permitted to partake in economic activities so long as it does not affect her social role as a parent (Yusuf 2005, p. 7).

3.5.2 Seclusion and economic activities

While unmarried girls are free to move around, young married women in Islam are generally secluded from others in the society, and mostly permitted to move around with men in their families while older married women are permitted to move around with little to no restrictions, i.e. women who are past menopause (Robson 2004). This form of seclusion is an Islamic requirement of *purdah*²⁴, a religiously mandated practice (Steven 2007), where wives are mostly secluded from the rest of the community with restricted mobility as an indicator for this (Hill 1972²⁵; Schildkrout 1978, 1979). *Purdah* can be described as a number of practices that are put in place in order to “protect a girl” from “unsanctioned sexuality activity, including controlling her movement and who she interacts with, where this movement is regulated by male relatives (Sen 2005). Interestingly, *purdah* is partly enforced based on the notion that the men are the one’s responsible for providing material needs of women, and as such, the seclusion of women is an indicator of the economic success of the man (Schildkrout 1978). However, this seclusion constrains the choice of Income Generating Activities (IGAs), that the women can take part in as they have limited mobility and limited access to shops and local market places (Coles 1991). This seclusion can also be linked to a wider discourse on analyzing the social construction and interconnections of gender, space and culture (Robson 2007). In their explorations, feminists, have studied how space can be seen as a means of social control (Lefebvre 1991), and how space can reflect and reinforce inequalities (Robson 2007) that exist in a community. In her article exploring the domestic space, that is the kitchen, in rural Northern Nigeria, Robson (2007) argues that seclusion can “shape cultural or socio-cultural constructions of space so much so that men dominate public spaces of streets, farms and markets, while married women (unlike unmarried girls and widows) are largely confined to domestic spaces” (p. 669). This means that most married women spend most of their lives associated with the domestic sphere (e.g. Callaway 1987; Robson 2005), as seclusion limits their participation in other spheres of life. In discussing *purdah* in Hausa land, it is important to note that the exact nature of *purdah* differs in various Islamic contexts depending on the socio-cultural

²⁴ In some cases, can be referred to as *Kulle* literally meaning “locked marriage” (Steven 2007).

²⁵ References in this section are very dated, however these were the main studies that describes women in Hausa conditions as other authors rely heavily on these dated references as well.

expectation. Indeed, Zakaria argues that Purdah is heavily reliant on sociocultural interpretation of this practice and not wholly on Islam (2001, p. 110). This is highlighted by the existence/presence of Hausa women in urban and rural areas, as well as the fact that women hold political posts in Nigeria, which require their movement within society. Purdah practices can range from complete seclusion (Renne 2004), movement allowed only with female or male relatives, staying at home during the day with the possibility of going out at night, to visiting family and friends who are ill, or a mother who has recently delivered a baby with the permission of the husband where they are expected to go directly to where they have said they were going (and not be seen ‘just walking around’) (Renne 2004). In some cases, some women acknowledge that being secluded enables them to preserve their respect thus “reducing the risk of damaging it through contact with men-strangers” (Renne 2004, p. 10). For women that do go out, they mostly adorn the veil which is a symbol of female Islamic identity and is viewed as a means of respect (Zakaria 2001) in Hausa land. Here, women take care to *kare mutunci*, that is to ‘shield or screen from view; guard or protect’ (Newman and Newman 1979, p. 63) their self-respect through modest dress (the *hijab*), which is a cape like garment that entirely covers the head (except for the face) and body (Cooper 1997). This enables them to move around in the society in some ways, ensures that they are keeping their modesty, and therefore garnering respect in the community.

Worldwide, resilient and resourceful women (especially in rural places where poverty indicators are high), engage in a variety of livelihood strategies to contribute to the wellbeing of their family (FAO 2010; Yusuf et al. 2015). Hausa women are no exception, and generally take part in IGA’s (Pittin 2002) where these have proven to be a crucial source of income for supporting her family (Coles 1991). Although Muslim men are allowed to marry wives as long as they can support them (Rhine 2015), the men mostly rely on women to make key contributions to household economies although the labor women bring to the house is barely acknowledged (Coles 1991).

The concept of IGA’s and how women in these contexts engage with them, are briefly discussed below.

Income generating activities can be broadly defined as activities carried out where people make use of capital, vocational skills or commodities to increase their capacity to obtain a source of

income and secure livelihoods (USAID 2008; Yusuf et al. 2015). These activities are economic in nature with the potential to yield income, and sometimes come under programmes and interventions from governments and development agencies. They are usually in the form of microcredit organizations (providing loans to people or groups who would not typically be allowed loans in other financial institutions) (USAID 2008), small business promotion, informal credit and savings groups, among a host of others. IGAs also mostly associated with women and most organizations that facilitate the provision of IGAs also promote the perceived advantages of IGAs, one of which borders issues of women's empowerment, where women can both have access to and control over resources, and arguably have a say in decisions in the home. It can be said that IGAs are more than just meeting economic/ financial issues but rather promote self-reliance (Yusuf et al. 2015) as well as empower women. Activities that are carried out by individuals without the assistance of these organizations can still be referred to as IGAs, as the main aim of maximizing income is still the primary focus. IGAs have been a focal point for many interventions in Northern Nigeria (USAID, DFID, E.V.A) among a host of other organizations. Most of the activities that women engage in contribute to the overall economic development of the country at large, but remain unrecognized, as they are not deemed economically active employment in national accounts (Yusuf et al. 2015; Zakaria, 2001). This means that various means are overlooked when taking into account economic development of the nation at large.

Still examining economic activities and gender, Robson's studies on children's work in Northern Nigeria can also shed some light as to how domestic work is conducted in the home. From her study in Zarewa community in Kano state, she reports that girls typically do more work these boys in the house, especially as they grow older. This means that "children gendered domestic work mimic the roles they will play in adult life. As boys grow up they do progressively less domestic reproductive work evolving towards their future roles as adult men, who do very little domestic work "(2004, p. 204).²⁶ This further implies that girls are already socialized to take on more responsibilities in the household by doing the domestic work, as well as looking for ways to supplement household income. The difference between the gender roles held by boys and girls become more evident and pronounced, as they grow older. At the age of adolescence girls are

²⁶ Although Robson acknowledges that it is possible that boys underreported the amount of domestic work they do as it associated with womanhood and femininity, her data supports the notion of girls doing more housework than boys.

already spending more time on household chores and caring for children (World Bank 2001). By the time they are older, women have worked longer hours than men and are still limited in their economic pursuits. Hawking and begging are particularly noted in these regions of the country (Clark et al. 2012; Ojie 2004), where these activities are carried out to supplement household income. Although they are mostly discussed in the context of a denial of education (Clark et al. 2011; UNICEF 2006), it is much more than this. In Northern Nigeria, girls are more likely to be involved in street hawking than boys, as they are expected to be more closely supervised, obedient than, and subordinate compared to boys (Robson 2004). In Muslim Northern Nigeria, girls' participation in hawking is not simply a popular practice driven by economic pressures (Audu and Jarma 2009). Rather, parents and other community stakeholders ²⁷consider it part of the norms. This is typically expected of girls in Muslim Hausa and Fulani Northern Nigeria (Audu and Jarma 2009). Thus, girls are expected to fulfill a gendered division of labour (Usman 2010). Furthermore, young girls start hawking from about five to six years of age and continue to do so until they marry, whereas boys stop early on (around 5 years) as they begin to carry out tasks that girls are not restricted from such as cutting grass, which also enables them to earn some income (Robson 2004). It is important to contextualize street hawking in this context, as in this region of the country, apart from contributing to household finances, hawking can also be a gateway for a young girl to be noticed by a suitor, as well as a way for training the girl to become economically dependent, even after marriage (Usman 2010). Furthermore, because a woman is limited in her mobility, children usually act as "intermediaries between the male and female domains" (Schildkrout 1983, p. 108), where they hawk on behalf of their mothers and contribute to household income. Robson (2005) reports that children spend much time in the markets and streets, freely moving between compounds where secluded women reside. Thus, children are valuable information carriers about prices, and competitors for secluded female traders.

In terms of female entrepreneurship, Nigeria has one of the lowest rates in sub-Saharan Africa where the bulk of these entrepreneurship are located in casual and low paid sectors of the economy (British Council 2012). In Nigeria, "Owning a business is widely cited as people's main source of income" for both male and female (EFInA 2011). However, under cultural law, men are required to provide for the family and this can therefore largely classify women as consumers rather than producers (Mercy Corps 2013). On a general note, female run enterprises tend to be

²⁷ as traditional and religious leaders

undercapitalized with lesser access to credit compared male run enterprises (World Bank 2001). However, Frishman (1991)²⁸ in examining trade in northern Nigeria concluded that contributions of at least 100,000 women in hidden trade were comparable to on the industrial scale, which means they are worth investing in and should not be side-lined in the favour of male led businesses.

3.5.3 Domestic violence

As alluded to in section 2.3.2 of the literature review, early marriage is more common in areas where traditional stances towards women and their marriage are maintained (Levine et al. 2008). These attitudes are even more highlighted in the way that women and girls are treated in their homes, in terms of domestic violence. A report by WHO (2002) shows that Violence against Women and Girls (VAWG) has emerged as an epidemic, comparable to (and in some cases) more intensive than diseases such as HIV&AIDS (WHO 2002). Reports from Nigeria note various forms of domestic abuse such as child labor, wife battery, acid baths and spousal rape (Falayi 2012 and Action Aid International 2004). Furthermore, a Nigerian study on the causes and management of violence against women reveals that out of 15 obstetricians surveyed, 99% had handled a case of violence at some point in their career, where in an estimated 70% of cases, the assailant /culprit was the husband (Aimakhu 2004). More worrisome, and of note to this study, is the Section 55 of the penal code (*applicable in Northern Nigeria*) which legalizes corrective beating of a child or wife as long as this does not cause grievous bodily harm (British Council 2012). Reasons for domestic abuse vary from childlessness, refusal of the wife to contribute financially, lateness in cooking (Mudiare 2012), burning food and going out without due permission from her husband (NDHS 2003). In terms of domestic abuse, patience and respect are two concepts that are closely linked in the Hausa culture (Renne 2004). This respectability is a valuable resource for women, on which their self-esteem, dignity and integrity depends, further conveying a force of authority in some situations (Renne 2004). In Hausa, *Mutunci* which is also respectability, is often a reflection of the stability of one's marriage (Rhine 2009), and when a girl is able to portray this, she possesses moral authority through her comportment within married life, especially as she bears and raises children (Schildkrout 1983, Coles and Mack 1991, Callaway and Creevey 1994, Renne 2004). In other words, the more a girl is able to show stability in her marriage, the more she is able to gain

²⁸ Dated but foundation in understanding enterprise in Hausa land.

respect and hold moral authority within her family and community at large. This moral authority is manifested in a number of ways where she, through her ability to remain in the marriage and bear adverse situations, offers her an advantage in claiming resources from in-laws, as well as gaining support from her husband to provide for their children (Rhine 2009).

3.5.4 Polygamy

Although polygamy is not recognized under civil law in Nigeria, (Itoro 2014), it is permissible under sharia law (Mercy Corps 2013). Thus, Muslim couples can choose to marry in line with sharia or civil law (Gaffney-Rhys 2011). Under Islamic law, the WLUML points out that in communities practicing Islam, such as Northern Nigeria, polygamous marriages are ‘virtually mandatory for a good Muslim man’ (2006, p. 209). Thus, within the Hausa/ Muslim speaking communities, it is not uncommon for a man to marry up to four wives and have numerous children. In many cases, most poor men fall into a poverty trap as a result of numerous mouths to feed in light of little resources at their disposal (Vanguard 2017).

3.5.5 Divorce

Although divorce is rare in Islam and generally seen to be reprehensible (Al-Islam 2017), it does occur. Both a man and woman can request for divorce, where a man does this when he feels the woman has a character flaw or when he insists that she has committed adultery (Islam’s Women 2017). A woman on the other hand is permitted to seek divorce when she feels her husband is not providing her with basic necessities for living such as food and shelter or when she is maltreated or is facing abuse. However, when a woman initiates divorce proceedings, she faces legal obstacles as she loses physical custody and the rights to contact her children. She is generally expected to pay back her dowry and other marriage expenses. After divorce, she generally goes back home to live with her parents and remains under her father’s authority.

3.6 Religion and Ethnicities

The Hausas are the biggest ethnic group in Nigeria (World Atlas 2006). With an estimated population of 67 million, The Hausa people make up approximately 25% of the Nigerian population (NBS 2006). The Hausa culture is homogenized (World Atlas 2016) meaning that

throughout Nigeria, the Hausa culture is very similar. They are known for raising cattle and having various forms of trade. They are also recognized for practicing Islam as their main religion. Being the largest ethnic group in Nigeria, the Hausas have always been some of the main players in Nigerian politics since Nigeria was granted independence from Britain in 1960 (World Atlas 2016). They make up what is generally known as the Hausa land which is a collection of people who are similar in culture. Majority of the northern states are made up of a mixture of Hausa-Fulani people who share basically the same socio-cultural practices, religious (Islam) as well as ethnic (Hausa-Fulani) practices (Robson 2004). Nigeria also has one of the largest Muslim populations in West Africa, with 56% of the country being Muslim (Pew Forum on Religion and Public Life 2009). Islam was introduced into Northern Nigeria around the 11th century, establishing its practices and customs well over time. The inhabitants have remained predominantly Muslims, possessing unique cultural and religious practices as relates to learning and education (Magashir 2015). There is also a visible division between the North, dominated by the Muslim Hausa-Fulani societies, and the South, predominantly Christians (Kozziel 2016). That Muslim-majority Northern Nigeria trails the heavily Christian South in infrastructural development and educational attainment is evident (Thurstun 2016), and in many ways, it bears the short end of the stick in terms of poverty indicators, and faces more health challenges, as well as being prone to political and religious instability.

Table 4: Largest Ethnic Groups in Nigeria

	Ethnic Group	%
1	Hausa	25.10
2	Yoruba	21.0
3	Igbo	18.0
4	Ijaw	10.0

5	Kanuri	4.0
6	Fulani	3.9
7	Ibibio	3.5
8	Tiv	2.5
9	Other Groups	12.0

Source: NBS 2006

The section below will focus on the educational sector in Nigeria.

3.7 Education in Nigeria

On a global scale, Nigeria is the furthest country, away from achieving the goal of universal primary education, which was one of the international targets agreed at the World Education Conference in Dakar in 2000. Despite accounting for just 4% of the global population of children of primary school age, 17% of the global out-of-school population lives in Nigeria. The number of out-of-school children has increased from 6.9 million in 2000 to over 10.5 million in 2010 (Antoninis 2014). In relative terms, 42% of children of primary school age are estimated to be out of school (Antoninis 2014) hereby making Nigeria one of the ten reported countries with the lowest enrolment ratios in the world (UNESCO 2012).

Although the Nigerian government offers free basic education for every child (The National Policy on Education 1977, amended in 2006), enrolment into primary schools remains low (Action Aid, 2012). While the latest figures (National education statistics from the FMOH, 2006) indicate a gradual decline in public schools by about 12%, enrolment in the private sector rose by 10%, with individuals citing better quality in the private sector (Action Aid 2012). Most out-of-school children live in the North (Magashi 2015) where majority receive some form of Islamic religious education (Antoninis 2014) consisting of *makaranta allo* where children copy the Quran - the central religious text of Islam and *islamiyya*²⁹, mainly developed to challenge secular schooling offering (Umar 2001).

²⁹ This moves beyond copying the Quran to other issues important to the Islamic faith.

In terms of analyzing education from a gendered perspective, a report by the Africa Health, Human and Social Development Information Service (2010) reported that the northern parts of the country also had the highest number of girls not enrolled in secondary school, and also found a high incidence of early marriage in these states. The national primary net enrolment for girls in 2010 was 55% compared to 60% for boys with completion rates remaining low with at least 53% of out-of-school children being girls. In 2012, Action Aid reported that in Nasarawa State, low enrolment in primary school was attributed to a strong reliance on child labour for subsistence farming and hawking, which in turn contributes to high rates of truancy and drop-out in the region. They further reported that public primary school girls' enrolment improved slightly from 43.5% in 2005/6 to 45.2% in 2009/10, while JSS enrolment remained the same (Action Aid 2012). Challenges facing women in the north of Nigeria are certainly noteworthy. For example, the NDHS (2008) reported the literacy rate for women in the North to be at 21%, compared to the national rate of 51%. These figures are even dire at the state level, where some northern states like Katsina and Sokoto record female literacy at 5% and 9% respectively. This has implications for early marriage in this context, as education is seen as a strategy to end early marriage however, enrolment is poor in this context.

3.8 Summary

This section has sought to provide a background for understanding the context of this study. Here I have provided a context for understanding the economical, governance, educational and health systems of the country. A discussion on gender, particularly highlights the patriarchal setting prevalent in northern Nigeria, in which women generally occupy a low status. All these should provide basis for understanding this research, as well as lay a foundation with which to understand the findings of this study presented in chapters 5, 6 and 7.

The next section of this study will present a discussion on the methodology adopted for this study, as well as offer some reflection into the research process, and the use of the methods adopted.

CHAPTER 4 Methodology.

4.1 Introduction

In the following sections of this chapter, I will present the epistemology guiding this research followed by the rationale behind grounded theory and ethnography as my methodologies of choice. I will also give a brief snapshot of the study site after which I will discuss the methods adopted for this study along with a description of how they were used. Data analysis, recruitment, sampling, and ethical issues bordering this research as well as a reflective account of self in the research process will be presented. The use of participatory methods within a grounded theory framework will be discussed, rounding off this chapter with a discussion on the ethical issues in this study.

4.2 Epistemology

For a greater part of my academic life, my training as a biologist has led me to be inclined to approach research through a positivist lens which translates to the discovery and reporting of reality in an objective way. This largely ties in with a deductive framework of thinking where belief in the ability of the scientific method to test and prove theories is held to a high standard. This is mostly aligned with an ongoing process of ignoring personal or human roles played in shaping research outcomes. As Kenneth et al. (2007) says, scientists believe that with proper caution they can safely avoid disfiguring the picture of nature; a researcher remains completely distant and voiceless in the process of carrying out research.

My personal views began to slowly shift after a transition into the field of public health where I studied how social situations are presented and interpreted by various people in global and social science; these people being those participating in research and those conducting the research. Thus, I began to shift towards a constructivist view of research where the construction of events in the social world occurs between the participants and the researcher, with the latter interpreting what is being researched, hence adopting a subjective role. Here, as a constructivist researcher, I began to move from notions of external and independent understanding of a phenomenon towards a construction of reality that takes place between the participant and the researcher (Green and

Thorogood 2004). Within this framework, a researcher understands that knowledge is not found but constructed (Boghossin 2006), defined and not discovered, and finally presented as a reflection of a participant's representation of reality. In summary, constructivists believe that knowledge is contextualized by participants' influences (historical, cultural, religious economic), where meanings are created from their experiences based on their interactions with their environment. This view of the world and the process of acquiring knowledge were particularly helpful to me as it aids in grounding the experiences of young married girls as I aim to both understand and interpret reality from their perspective. Thus, it is with this lens that I approached this research: an emphasis and focus on local presentations of reality as well as a reflective account of how these interpretations/analyses develops.

4.3 Choosing a qualitative method of Inquiry.

A qualitative methodology rather than a quantitative was adopted for this study. This is mainly because qualitative research aims to capture meanings (implicit and explicit) in statements, interactions and observations, which can therefore provide a deeper level of understanding of the phenomena under study. This was useful for this study as one of the driving forces behind this research was to go beyond statistical representations of young girls before marriage and move towards a deeper understanding of the lived experience of marriage. Within qualitative research, data is emergent rather than tightly prefigured (Rallis and Rossman 2003). Furthermore, the tendency for quantitative research to code or categorise the social world into variables runs the risk of masking or displacing inherent meanings in the collected data, hereby creating a very limited view of the world. In line with these merits of qualitative research, a search was undertaken to determine the specific mode of inquiry that would be adapted for this research. This resulted in an in-depth qualitative research, with a focus on ethnography and GT. More specifically, I drew on ethnographic methods, including a period of in-depth field work for nine months which included grounded theory data collection. I will explain the reasons for this choice below but first, give a background as to what ethnography and GT are, after which I will explain how they were both used in this study.

4.3.1 Ethnography

By way of definition, Brewer describes this methodology as:

..... the study of people in naturally occurring settings or ‘fields’ by means of methods which captures their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally. (Brewer 2005, p. 10)

Ethnography, which has its roots in anthropology and adopted by sociologists (Morse 2016), is a methodology that describes the social world of people including beliefs, interactions, behaviors, rules and styles of engagement as well as the contextual factors that define a society (Holt and Sparkes 2001; Atkinson et al. 2001; Huberman and Miles 2002). This involves lengthy participant observation over an extended period of time (Reeves et al. 2008; Denzin and Lincoln 2011). Ethnography departs from the notion that participants are objects of research and instead places them at the center of research as their points of view are explored. This in turn helps the researcher understand and document various alternative realities, which are key to understanding the behaviors and actions of people from a particular culture (Aldiabat and Le Navenec 2011). The goal of ethnography then is to give a rich analytical description of cultures (Barbour 2007) rather than the testing of theories or hypothesis. In other words, ethnography helps to understand participant’s lives from a cultural perspective (Edleman and Mandle 2002). Bronisław Malinowski, an influential anthropologist, is given credit for creating a shift in ethnography alluding to the immersion of a researcher where he/she doesn’t refer to the participants as they, but rather includes himself in that description turning “they” into “we” (Elliott and Jankel-Elliott 2003, p.216). Furthermore, according to Abu-Lughod (2000), this immersion, specifically with the use of “we”, is important in identifying with those under study rather than seeing them as subjects of investigation. This in-depth understanding of participant’s behaviors can arguably aid in identifying and meeting the needs of those researched (Liamputtong and Ezzy 2005).

In this study, an ethnographic approach sets the scene to understand the socio-cultural context in which girls are situated in. This provides a description of their lives, beliefs, and interactions especially through participant observation as well as the use of interviews and focus groups which are conversant with ethnographic research.

Given my discussion on ethnography, I will introduce Grounded theory and the form that was adopted for this study.

4.3.2 Grounded Theory Approach in this thesis

This study is based on ethnographic methods which included grounded theory data collection. This means that this is not a pure form of GT, but rather a deviation that includes ethnography. As Denscombe (2010) argues, researchers mainly adopt and adapt GT and use it selectively for their own purposes, while largely keeping with the main tenets of GT (such as constant comparison and theoretical sampling). As seen above, the distinctiveness of grounded theory helped in choosing this methodology alongside ethnography. As stated earlier, a GT approach examines how social processes occur in particular contexts and facilitates knowledge that is grounded in the data from which it emerges (Willig 2013). Such an approach is of particular use for this study as this falls in line with issues raised in Chapter 1 and 2, relating to a lack of effective programmes that are meaningful to married girls. This means that a GT approach can provide contextualised insight, which in turn can be used to develop programmes and interventions, which are more likely to be successful in certain contexts. Furthermore, the use of this method to address social problems to which people must adapt (Corbin and Strauss 2008; Schreiber et al. 2001) also supports my choice of a GT approach. This is because the adaptation of adolescents to married life such as being new wives, in some cases new mothers, is important as they negotiate new relationships in their new homes and the subsequent health issues that follow. In summary, I have chosen *elements* of GT due to its rigour and because the knowledge generated is grounded in empirical reality (Denscombe 2010). This stance is therefore in line with what McCallin explains, as this research deals with “what is actually happening in practical life at a particular time, rather than describing what should be going on’ (2003, p. 2013)

Given that there a host of contentions in applying GT in many research contexts³⁰ especially in terms of data collection and analysis, I will briefly highlight what form of GT guided my data collection.

4.3.2.1 Constructivist Grounded theory

In the early introduction of this methodology in 1967, Glaser and Strauss encouraged readers to adopt flexible ways of approaching GT. Kathy Charmaz, then a student of theirs, took on this invitation and proposed a variation of grounded theory, largely following Strauss' standpoint. Here, Charmaz sees grounded theory as "a set of principles and practices and not as a prescription of packages" (Charmaz 2006, p. 9), emphasizing flexible guidelines in the adoption of this method. In line with the above argument of deductive and inductive reasoning, Charmaz takes a somewhat similar stance in the introduction of another variable in the development of theory; the position and role of a researcher. Here, she advocates for a constructivist approach to grounded theory, where the researcher is actively involved in theory construction by recognizing that data is created and analyzed both by researcher and participant through an interactive process (Charmaz, 2003; 2006). This approach lies within an interpretivist framework, which acknowledges that the resulting theory is a result of an interpretation largely depending on the researcher's view and understanding of participants' meanings (Charmaz 2000). Thus, the data analysis generates the concepts that researchers construct (Charmaz 2006). Data is constructed through a continuous interaction between researcher and participant, with the former's interpretive understanding of accounts forming the result of the analysis (Charmaz 2000; 2006). Here, researchers try to discern, understand or recognise what occurs in the participants' lives, by studying how this is explained by participants' actions and statements, and further ask what analytical sense can be deducted from this representation (Charmaz 2006). This research will use this perspective, with the researcher adopting a reflective stance in order to explore how the research is developing, what influences the inquiry process, and to what extent and *how* this ultimately affects the development of theory.

³⁰ A detailed review of these contentions is not the focus of this study

In summary, I took a constructivist position as I sought to understand meanings of participants' statements through a careful analysis of what they meant, by understanding their perspectives, and seeking to interpret and represent their perspectives by staying close to the data.

Having discussed the deviation of GT guiding my data collection, I will now discuss how ethnography and grounded theory work together in this study. Although there are differences with these methodologies (see Aldiabat and Le Navenec 2011; Uhan et al. 2013; Datt 2014), I will focus on the similarities within these and why they are both compatible and relevant to this research.

4.3.3 An Ethnographic and Grounded Theory Approach.

The main goal of grounded theorists and ethnographic researchers is to carry out an in-depth look into a phenomenon as it occurs normally in real life (Streubert and Carpenter 1999) which is in line with the aims of this study. They both seek to understand people's perceptions and realities, examining them from the perspective of the participants or those researched (Fetterman 2010). Various researchers (Pettigrew 2000; Morse 2001; Beautyman and Shenton 2009) have used both methodologies. Although the combination of GT with other methodologies was once frowned on by various "grounded study purists" (Bamkin et al. 2016. p. 5), it is now being seen as valid (Goulding 2005). This acceptance is based on the premise that it offers more understanding for the phenomena under study using various methods of data collection common to ethnography and GT. Using both methodologies provides a greater level of detail than using either alone as the observations provide more detail and context to what the participants say in interviews and FGDs. Both these methodologies follow constructivist philosophical principles, which posits that truth or reality is related to perception (Bamkin et al. 2016) and is further produced through the interactions between a participant and the researcher (Williamson 2006). As such, both methodologies are philosophically compatible as ethnography focusses on studying people in their everyday contexts or interacting with them in their natural setting (Williamson 2006) and constructivist GT recognizes that data is generated by both by researcher and participant through an interactive process (Charmaz 2003, p. 2006).

Regarding theoretical underpinnings, Pettigrew (2000) considers that grounded theory and ethnography are highly compatible due to both similarities and differences. Pettigrew contends that grounded theory formalizes and extends “the limited theoretical component of ethnography” (Pettigrew 2000, p. 259) as GT raises ethnographic narratives to abstract categories. In other words, ethnographic researchers can build substantive theory beyond a description and interpretation of cultural observations (Streubert and Carpenter 1999).

When assessing the role of the researcher, grounded theorists and ethnographers study the phenomenon in the natural context without interrupting the natural settings. This means that both researchers offer a more holistic approach to study the phenomenon as they have more contextual background. The presence of the researcher is also emphasized in both methodologies where this can affect the world researched (Hammersely and Atkinson 2007). In ethnography, this is reflected in the researcher’s involvement in day-to-day activities, and in GT this is seen in how the accounts of participants lies within an interpretivist framework. However, each methodology guards against bias in different ways. GT encourages reflexivity to ensure that the resultant data is grounded in what has occurred (Charmaz 2006) and the subjectivity of the researcher well documented. Ethnography on the other hand encourages a lengthy stay in the field so that the researcher becomes a common part of the community (Bamkin et al. 2016) and the participants reverts or returns to their usual behaviors (Fetterman 2010). In terms of analysis, both methodologies espouse the use of memos where ethnographers look for meaning in what they see, and GT uses memos to encourage reflectivity in the data which encourages transparency in the subsequent data analysis and the resultant findings.

Thus, in this thesis, both methodologies offered a contextualized understanding of the lives of these girls where through GT, the analysis is grounded in the data gathered and through ethnography, the researcher observes what participants do in the context where they live. This contextualization can aid in how best to meet the needs of participants, as the findings are not foreign or external to what is going on but a representation of reality. In this study, I was able to borrow principles from GT in terms of data collection and analysis and borrow the method of participant observation used in ethnography. This will be discussed in section 4.8 and 4.9.

Having discussed the GT and ethnographic methodologies, I will now move to discuss the rationale for the site of the study as well as the background of the site where this research took place.

4.4 Study site: Rationale and Profile of Nasarawa state & Wamba Local government (LGA).

The rationale for this site is as follows:

- Geographical location: Initially at the start of my study, I intended to carry out my fieldwork in the North-West and North-East of the country where early marriage figures are higher. I had already contacted several organizations who worked in these areas to ease access into the girls. However, due to religious conflicts bordering on the insurgency of the Islamic militant group (*boko haram*) just before my visit to Nigeria in 2012, I had to change plans. I had to look for similar places in the northern regions where I could find access to the same population of girls i.e. married and Muslim who were living under similar Islamic laws and expectations (refer to chapter 2 and 3 for more details). In this regard, one of the safest locations was in the north-central regions, which led me to use this state as a safe place where similar populations of girls lived.
- Existing structures: The existence of the host organization working in Nasarawa also influenced my decision to conduct my research here. Majority of organizations working on early marriages are understandably located in the North-East and North-West, this organization was well known, and one of the few I found to be working on early marriage in the Northcentral region. Other organizations were in states like Plateau or Kaduna which were also not safe at the time. I discovered this organization from asking around for referrals from the organizations in the North-East and North West as well as people working on sexual and reproductive health needs of adolescents, and young people in this region. Once contact had been established this study site was selected: a community in Wamba LGA of Nasarawa state. A brief look at the state and LGA is given below.

Nasarawa was carved out of Plateau state in October of 1996 and is located in the northcentral part of Nigeria. It shares common boundaries with Kaduna state in the North, Plateau in the East, Taraba and Benue states in the South, and is bounded by Kogi and the Federal Capital Territory

(FCT) in the South (Binbol and Marcus 2005). Nasarawa state has a population of 1,869,377 (NBS 2006; Dogara 2013), with a landmass of 27,117km². 70 % of this land mass is land for agriculture (Nasarawa State Ministry of Health (NMOH 2010). In this state, most of the indigenous people of the area are subsistence farmers, with some engaging in petty trading (Binbol and Marcus 2005), where the mainstay of the state's economy is agricultural in nature with cash crops produced all year round. The popular crop farmed is cassava, which is also the single greatest source of food energy in Nigeria (Zaknayiba et al. 2014). Cassava is also one of the most productive crops in tropical areas (Zaknayiba et al. 2014), as it can be stored in the soil for several months and is able to be converted into various food options (e.g. garri, cassava flour (Pinstrup 2001). It's relatively low requirement of labor makes it a particularly attractive crop for a nation in search of food security for its people. Therefore, cassava is regarded as a famine security crop (Alabi and Oviasagie 2005; Zaknayiba 2014). In 2006, the NBS reported that the poverty prevalence increased in this geopolitical zone from 64.7% to 74% (National Bureau of statistics (NBS), Core Welfare Indicators Questionnaire (CWIQ) Survey 2006). The table below gives a summary of the state indicators according to the population census of 2006.

Table 5 : Summary of State Indicators from Population (2006) Census, Nasarawa State

Total	1,869,377
Female	92, 5567
Male	94, 3801
Under 5 years	20% of Total Pop (357, 522)
Adolescents	(10 – 24 years) 579800
Women of child bearing age	445, 952
Literacy rate	Female (24%)
Literacy rate	Male (76%)
Households with improved source of drinking water	48%
Households with improved sanitary facilities (not shared)	(38%
Total fertility rate	4.7%
Use of Family Planning modern method by married women 15-49 years	11%
Ante natal care provided by skilled health worker	73%
Skilled attendants at birth	34%
Delivery in Health Facility	33%
Children 12-23 months with full immunization coverage	16%
Children 12-23 months with no immunization	40%
ITN ownership	14%
ITN utilization	Children 6%
ITN utilization	Pregnant women 5%

Source: Ministry of Health 2008.

4.4.1 Health Funding

Health is one of the priority areas on the 13-point agenda of Nasarawa State. However, the financing of health care in Nasarawa State is challenging and difficult due to the limited resources available, especially in light of competing demands. Furthermore, various financial discrepancies have arisen, starting at state level, which throws this priority into shambles. For instance, in 2000, only 11% of the funds allocated to Ministry of Health was released and in 2009, only 7.67%. Health care provided by the public sector is further constrained by annual health budgets of 4 -7%, which is much less than the recommended 15% (NMOH 2006). In 2007, Nasarawa state successfully applied for the Millennium Development Goals (MDGs) conditional Grants scheme to the tune of six hundred and thirty-eight million, seven hundred thousand naira (N638, 700,000). This was to be used to support and increase maternal and childcare services in 58 primary health care centers as well as provide solar powered boreholes in these centers (NMOH2010). Although the state boasts free obstetrics care, state coverage is highly limited to a few overburdened secondary health care centers strewn throughout the state (NMOH 2010). As of 2008, the state's MOH reported that the top 10 leading causes for morbidity and mortality were the same, with malaria at the forefront (See table below 6). They also reported that one quarter of the population has at one time or another had a serious episode of malaria annually which further accounts for a major portion of outpatient cases in the state.

Table 6 : Top 10 Causes of Morbidity and Mortality in Nasarawa State

No	Top 10 Causes of Morbidity	Top 10 Causes of Mortality
1	Malaria	Malaria
2	Diarrhoea	Diarrhoea
3	Tuberculosis	Tuberculosis
4	Pneumonia	Pneumonia
5	HIV/AIDS	HIV/AIDS
6	Malaria in pregnancy	Malaria in pregnancy
7	Typhoid fever	Typhoid fever
8	Measles	Measles
9	Other Sexually Transmitted Diseases (STDs) *	Other Sexually Transmitted Diseases (STDs)
10	Road Traffic Accidents (RTA)	Road Traffic Accidents (RTA)

- Other STI's not specified.

Source: NMOH 2010

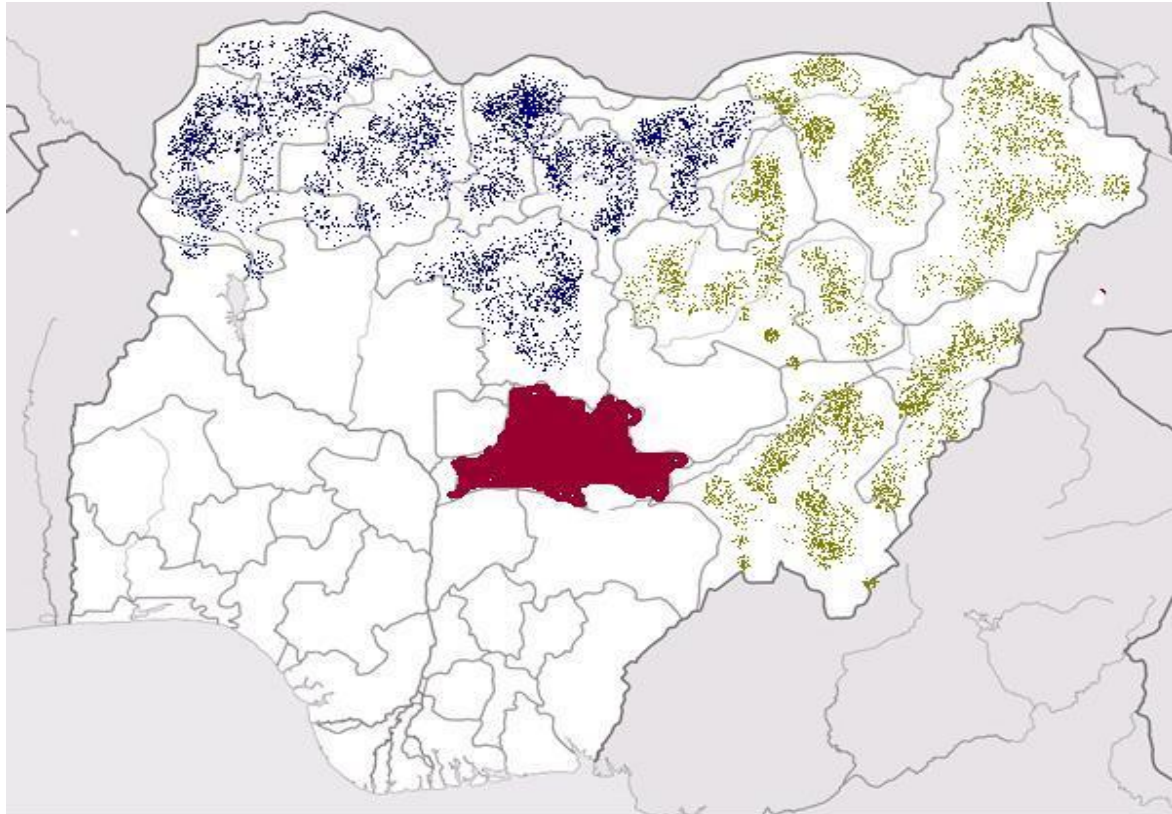
Having provided a background to Nasarawa state citing general state and health indicators, I will now provide a snapshot on the local government, where this research was carried out.

4.4.2 Wamba Local Government (LGA)

Wamba has an area of 1,156 km² and a population of 72,894, according to the 2006 census (National Population Council 2006). It shares common boundaries with Bokkos Local Government Area of Plateau State to the East, Akwanga Local Government of Nasarawa State to the West, Sanga Local Government Area of Kaduna State to the North and Nasarawa Eggon Local Government Area of Nasarawa State to the South (Binbol and Marcus 2005). This local government is located near the *Farin ruwa* waterfalls, noted to be one of the highest falls in Africa and hence serves as a reasonably popular tourist attraction (Ijeomah et al. 2011). In this local

government and the community that this research was conducted in, I observed a community where agricultural produce and farming seemed to be the mainstay of the economy.

Figure 3: Map of Nigeria showing location of research.



Source: Adapted from Map of the World (2011)

Key

Nassarawa state	Site for location of studies
States in the North East	Taraba, Adamawa, Bauchi, Gombe, Yobe, Borno.
States in the North West of Nigeria	Kaduna, Kano, Jigawa, Kebbi, Sokoto, Zamfara, Katsina.

The next section sets out to show how participants were recruited as well as sampling procedures adopted for this study.

4.5 Recruitment

Initial recruitment began through a local NGO in Nigeria, based mainly in North Central Nigeria, which ran a programme targeting both single girls and married adolescent girls using a range of health interventions. Prior to my being introduced to the girls, I attended events organized by the host organization and mingled among the girls and project staff to make myself a somewhat previously seen face, not anticipating immediate acceptance, but reducing, to some degree the impact of a totally new individual meeting them later. A courtesy visit was made to the village chief where I made a request to conduct my research in the community. This visit was facilitated and my request communicated to the village chief in Hausa language by a project staff who accompanied me. After explaining my project to the chief, a town crier³¹ was appointed to inform girls of an upcoming programme that they could take part in. This was a typical way to announce events in the community. The first meeting was held close to the market place and witnessed a large turnout of female members of the community (old and young), which reduced drastically after clarifying the target population to be “*yarin matas*” (young adolescent girls in Hausa), who were also married as *yarin matas*. Names and ages of those that were interested were recorded against the inclusion criteria. However, because only one girl met the initial age criteria (10-19), the age range of participants was revised to 15-25 years. This led to the initial list being revisited, from which three more participants were recruited. The initial inclusion and exclusion criteria are presented below as well as the adjusted criteria.

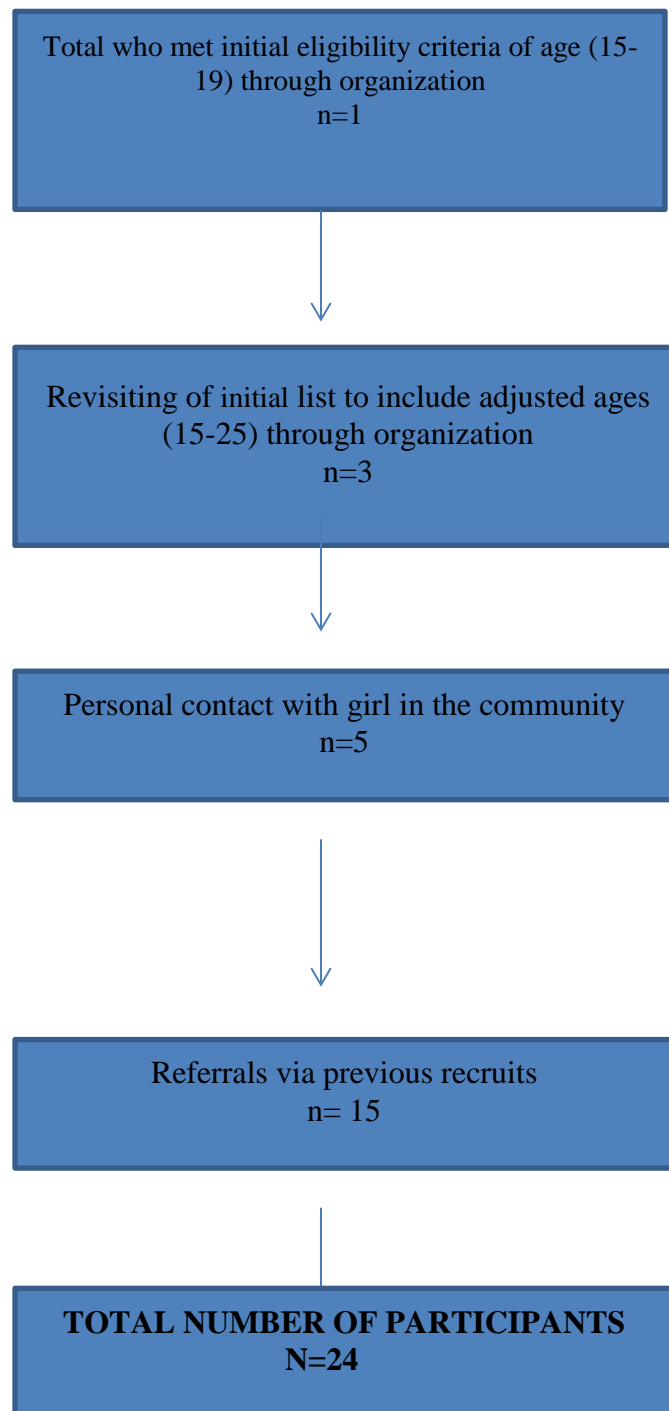
³¹ An individual seen as a low-cost tool or “instrument of communication” (Dike, 2013. p. 122) through which information reaches people in a particular geographical setting.

Table 7: Inclusion and Exclusion Criteria

Initial inclusion Criteria	Adjusted Inclusion Criteria.
Married Adolescents (10-19)	Young girls (15-25) who were married as adolescents / <i>yarin matas</i>
Hausa Muslims	Hausa Muslims
Excluded	Excluded
<ul style="list-style-type: none"> • Older married women or • Women married as adolescents (26 & Over) • Christian girls- I did not set out to explore the experiences of marriages of young married Christian girls as <ol style="list-style-type: none"> a) It would be difficult to mix religious views. b) There are higher recorded incidences of marriage among young Muslim girls hence my sole focus on this population. c) Wamba is a predominantly Muslim community. d) Cultural and religious factors influenced this exclusion (see chapter 2, section 2.3). These factors constituted a critical foundation in choosing to undertake this research as these cultural and religious expectations are largely based on Islamic experiences and as such Christian girls were excluded. 	<ul style="list-style-type: none"> • Older married women or • Women married as adolescents aged 26 and over • Christian Girls

Seeing that the organization did not have the population I needed, I had to find ways of recruiting the girls myself. With the help of my interpreter (see section 4.9 on description of interpreter), I was able to meet with some girls by walking around and talking to young girls in the community. In some cases, some of the girls would direct us to some houses where their friends lived so that I could visit them and have a chat with them, indicating who I was, why I was in the community and then would see whether they would be interested in taking part in the research. These yielded five new participants (see figure below for detailed description). After about five months from the start of my project, more girls were recruited via previous recruits, bringing the total number of girls recruited for this study to 24.

Figure 4: Flowchart showing how participants were recruited



4.6 Sampling

Purposeful sampling was employed at the beginning of the study to help identify and select “information-rich cases related to the phenomenon of interest” (Palinkas et al. 2013, p.1). In this case, those that were thought to provide this sort of rich information included girls that were adolescents, aged 10-19³², who were married. The program officer of the host organization initially invited girls to participate in the study. The snowball technique was also employed where girls were encouraged to refer their friends for the study. Although snowball sampling is generally regarded as a highly effective sampling technique that enables the study of populations who are difficult to reach, hidden or hard to find (Atkinson and Flint 2001; Waters 2015), it is not without critique. Noy (2008) argues that snowballing technique is inherently social as it uses social networks of the participants. This has several implications. Firstly, first participants will have a strong impact on the sample and when they only bring people within their circle, they might exclude a variation of people who are different in some significant way from those first approached. This therefore means that when participants from that social circle share the same experiences without much variation, it tends to overemphasize the cohesiveness of the experiences of the group under study (Atkinson and Flint 2001). Thus, when initial recruits only bring people from their social circle, it can inadvertently exclude participants without these social networks who might have vastly different experiences from the recruited groups. A researcher having previous knowledge of the areas and a wide range of initial recruits to help bring as many people from the general population can eliminate or reduce bias in the overall report. Although the term snowball implies that participants will be recruited through referrals, Groger et al. 1999 argues this might not actually be the case as some participants may be gatekeepers to others, especially when sensitive matters are to be discussed (Waters 2015) and therefore hinder access, making recruitment more difficult, as highlighted above. Firstly, using snowballing for my study means that it is likely that some girls who did not share the same networks as those initially recruited were excluded from the study as all 15 girls were recruited through referrals. Arguably, if I had initial contacts with the girls prior to visiting the field, it is possible I might have had more participants with a greater diversity of experiences. Also, I encountered a girl who I met through the organization. She seemed to act like a gatekeeper and a spokesperson for most of the girls that

³² The ages were adjusted from just adolescents to 15-25 years of age as explained in section 4.5.

the organization had worked with. She had strongly objected to herself and other girls partaking in the study and with most of the girls following her lead, save for a few, (see flowchart figure 4) I could not access these girls who were influenced by this girl. Her objection was based on some problems that they had with the host organization in the past and therefore the subsequent assumption that I was one and the same with the organization and as such, they wanted to avoid a repeat of the problems they had experienced (see section 4.7.3 for more discussion). As a result of her influence on a number of girls, I potentially missed out on more girls to interview in this study.

Theoretical sampling was also adopted by initial scoping of the emerging themes in the interviews and seeking who could add to these developing themes. This was further aided by the collection of demographic information at the beginning of the study as potential participants that could provide more insight to developing themes were approached. Furthermore, from previous interviews, some participant's experiences indicated that they might be able to contribute and further add richness to the data leading to a decision to re-interview some participants (see Chapter 6, section 6.5.1 "TBAs (Traditional Birth Attendants)" for an example of theoretical sampling in practice). Thus "thin" areas in the data were further explored and expanded on. Theoretical sampling also means checking the emerging idea or theory that can challenge or elaborate on the developing themes. Theoretical sampling is concerned with the refinement/modification and saturation of categories. Theoretical saturation in GT is achieved when a researcher continues to collect data until no new themes or categories emerge. Although ideally this should happen, this concept functions more as a goal to strive for than a reality. This means that researchers should aim to saturate categories as much as possible with enough relevant data collected at the time of data collection and also during analysis. The idea of theoretical saturation however is provisional as a change in perspective or modification of categories is likely to still occur (Glaser and Strauss, 1967).

Dey shows how GT can be flexible in practice.

.....When generation of theory is the aim, however, one is constantly alert to emergent perspectives, what will change and help develop the theory. These perspectives can easily occur on the final day of study or when the manuscript is reviewed in page proof: so the published word is not the final one, but only a pause in the never-ending process of generating theory (1999; p. 117)

Although the goal of this research is not to generate a theory, I identified with this statement as various perspectives on coding and development of themes were broadened, tweaked or challenged by engaging with the literature, and consultations with my supervisory team and peers. Thus, this research is a variant of GT where principles are generally adopted to produce a rigorous research.

Samples size for grounded theory usually ranges between 20 (Creswell 1998) and 60 participants (Willig 2013) with the former suggested in order to manage the volume of data that will be gathered from the field. This research recruited 24 girls in line with what is deemed good practice in GT as 24 allows for variability in perspectives while making data management possible. The next section offers a profile of the girls that took part in this study.

Table 8 : Participant Characteristics

S/no	Pseudo names	Age	Age when married	Education al Status	Nature of marriage (Polygamous or not)	Children	IGA **
1.	Ladi	18	18	Junior Secondary Jss1	Only wife	1	Ds
2.	Rakiya	19	13	Primary	1 st of 2 wives	1	Selling food
3.	Auta	19	16	Senior Secondary	Only	2	
4.	Binta	21	18	Primary	1 ST of three wives	3	Nil
5.	Halimatu	23	12	Senior Secondary	2 nd of two wives	2	Selling local beverage
6.	Zauna	20	16	Primary	Only wife	2	Selling in the market
7.	Fareeda	20	12	Primary	1 st of two wives		Ds
8.	Maimuna	18	11	Secondary school	Only	-	Ds
9.	Haruna	16	16	Nil	Only	-	Tailoring
10.	Assibi	23	Crm	Primary	Only	5	Nil
11.	Hauwa	23	18	Junior Secondary	Only	-	Ds
12.	Murna	18	16	Junior Secondary	Only	1	
13.	Mafisa	18	18	Junior Secondary	Only	1	Nil
14.	Safinatu	17	Crm	Secondary	Only	2	Selling food and clothes
15.	Zainab	23	15	Primary	Only	5	Selling food/ Washing clothes
16.	Durah	19	19	Senior secondary	Only	-	Selling food
17.	Maira	23	Crm	Nil	1st of 2 wives	3	Ds
18.	Salima	23	13	Nil	1 st of two wives	4	Nil

19.	Hadija	20	13	Nil	Only	3	Nil
20.	Salatu	20	7	Nil	1 st of two wives	2	Ds
21.	Jummai	20	16	Primary 6	2nd of two wives	2	Nil
22.	Sefiya	18	16	Secondary school	2 nd wife of 2	2	Selling food
23.	Zarah	20	16	Nil	2 nd of 2 Wives	2	Sweeping
24.	Kadijah	20	10	Senior secondary	Only	2	Nil

Key: Crm - for cannot remember.

Ds- Has a business but did not specify

**Many of these were explored in participatory techniques and during FGD's and was not able to get the corresponding IGA for each participant.

The majority of the participants were adolescents (10-19 years) while the other 14 were between the ages of 20 and 23. A large majority of the girls had received some form of education (18 of 24) with 11 of these girls stopping at the secondary school level and six did not record any form of education. Five of these girls did not have children, and nine were in polygamous marriages. One of the girls was divorced and living with her parents (Hadija). Most of the girls could remember what exact age they were when they married however, three of the girls interviewed could not recall the exact age of marriage but confirmed that they were all married as *yarin matas*.

As seen in chapter 3 section 3.5.4, polygamy in Hausa land is common however, this concept was not explored in detail in this study on advice of the project officer of the host organization I was asked not to inquire about what position they held as wives as this was not acceptable. This information was mostly volunteered by the girls during interviews and even when this was volunteered, they did not speak much about it.

4.7 Data collection: Methods

In qualitative research, it is not unusual to gather data from various sources (Charmaz 2006; Corbin and Strauss 2008). As such, four methods of collecting data were employed for this study; semi-structured interviews, focus groups, participant observations and participatory techniques. This did not take place in a linear fashion as outlined above, but each method was employed to address themes and issues aimed at the collection of rich data. Reasons behind, and the way in which these methods were used is explained below.

4.7.1 Semi-structured Interviews

This technique of data collection was used as it allows for a focused conversation that allows the participant time and scope to discuss their opinions on a subject matter. It also permits an in-depth exploration of the phenomenon at hand by eliciting each participant's interpretations of their experiences. I also chose this method because of its flexibility, leaving both researcher and participant free to diverge, pursue or respond to an emerging idea (Mays and Pope 2006).

A total of 33 interviews were conducted; 24 with all the girls and nine repeated interviews, in line with principles of theoretical sampling. An interview guide (see Appendix 4) was followed, but not strictly adhered to, as important and relevant themes were pursued as they emerged. Oral consent was given by the participants. Participants were interviewed at a time and place of their choice, such as their homes when their husbands were in the farms or choosing to meet at my interpreter's house. Interviews lasted from twenty minutes to one hour, depending on the time the girls could give for the interviews. Data was recorded digitally with participant's consent, after which it was transcribed from Hausa to the English language. My interpreters and I listened to each recording and as the interpreter reported what was said line by line, I transcribed accordingly.

4.7.2 Focus groups.

I chose this method of data collection because it facilitates generation of ideas and can help identify shared meanings and contested ideas (Mays and Pope 2006). In total, five focus groups (FGs) were conducted with girls aged 15-25, with participants varying between six and 12 in number, depending on who showed up for the sessions. Timing of the FGDs was also decided by the girls, with most of these occurring in the afternoon and one in the evening. Girls decided where they felt most comfortable for interviews, FGDs and participatory techniques. This venue was in the living room of my interpreter as agreed by all the participants and accepted by my interpreter. It was a central location and the girls indicated that they felt comfortable in this space as other potential locations, such as the local school, was quite a walk for them. Kitzinger and Barbour (1999, p. 11) suggest a space free from interruptions and involvement of non-participants as ideal. This was, however, not the case, as “interruptions” from children of the girls (both brought to the interview, and those that came to call on their mothers), some older women wondering what was going on, as well as the occasional visitor to my interpreter’s house, marked a level of distraction. This was however handled as quietly as possible as the mothers would either tend to their children or my interpreter would explain to the older women that the interviews were for “*yarin matas*”

These sessions lasted from 30 minutes to one hour, depending on the topics that were discussed and how much the girls wanted to talk about these various topics/ issues raised. They took place in the house of the interpreter as the girls had indicated that they preferred that location. Attendance for each session varied, but mostly consisted of numbers between 5-15.³³ A topic guide was used (see Appendix 4) where I explored various issues, such as what it meant to be married as a young girl. Prior to each FGD, the interpreter was given a copy of the list of questions, so she could become familiar with them, and I also had a briefing with her before the FGDs, so she could ask any questions she had. FGDs were mostly conducted in Hausa and recorded using a digital

³³ Although 15 might seem like a large number, I did not think it wise to turn girls away in order to stick to hard lining principles that most qualitative researchers propose.

recorder. After each session, both the interpreter and I listened to the recordings, which she verbally translated from Hausa to English and I transcribed on paper.

4.7.3 Participant Observations

Participant observation (PO) is method of data collection where a researcher learns about the activities of the people under study in the natural setting through observing as well as participating in day to day activities or routine actions of the participants (Dewalt and Dewalt 2002; Kawulich 2005). This in turn provides a more holistic understanding of the phenomena under study. Schensul et al. (1999) list the following reasons for the use of PO in research, which largely relate to the reasons why it was used in this study. These are

- “to identify and guide relationships with informants;
- to help the researcher get a feel for how things are organized and prioritized, how people interrelate, and what the cultural parameters are;
- to show the researcher what the cultural members deem to be important in manners, leadership, politics, social interaction, and taboos;
- to help the researcher become known to the cultural members, thereby easing facilitation of the research process; and
- to provide the researcher with a source of questions to be addressed with participants” (p.91).

As alluded to in section 4.6, prior to my being introduced to the girls, I began to attend functions organized by the host organization for young women in the community. Through this, I began to become a constant face in the community to ease access to the girls as well as possibly ease any tensions that might arise from being a completely new face in the community. Through attending functions, I was able to meet girls involved in the program run by the organization. However, most of the girls I met were hesitant to partake in the study due to some issues³⁴ they said they had with the organization. Moreover, because I was aligned with the organization, they declined

³⁴ Relating to loans.

participation. I therefore spent 5 months in the community, most weeks spending 5 consecutive days in the community and then heading back to the Federal Capital Territory where I lived over the weekends which was 3 hours away. My time in the community while attempting to recruit girls afforded me the opportunity of observing a number of things in the life of the girls in the community. Here I was able to observe the physical environment the girls were in, such as a) the distance between the residential areas and community health center to see how far they had to go to address some health issues, b) observing how IGA activities were carried out in the community, and c) what times young girls moved around in the community in relation to purdah (see chapter 3). Also, during these 5 months, I was also able to meet with girls in the market place, walk around the community and sit with them informally under trees, at the boreholes etc. and this built a rapport with girls, which helped them to understand my interests in their experiences as married girls and the intentions of my research. This rapport meant that girls were arguably more comfortable with me before interviews and FGDs began which possibly might mean more information being given seeing that I was not a complete stranger. In some cases, the girls brought up some information about myself i.e. being single, a university graduate and from the *Tiv* speaking part of the country during FGDs and interviews. For instance, they would draw comparisons between themselves and myself saying that even though I was way past 20 years of age, I would not be subject to ridicule because I was in school, and of a different culture and as such would not be seen as promiscuous as I was not yet married. This rapport and information about myself was established in informal settings allowing a rapport and a relationship to be established. In total, I spent 9 months in the field: 5 months spent establishing a rapport with the girls as well as carrying out PO's and 4 months spent interviewing, carrying out FGDs and conducting participatory methods of data collection.

4.7.4 Participatory techniques methods/ Participatory Rural Appraisals (PRA).

Participatory approaches in development have been largely promoted as a response to tackle lengthy, top down planning processes in local projects (Need 2003), where people at the helm of affairs dictate how programs should be run. These methods have been largely adopted with the aim of “involving” socially and economically marginalized persons (Guijt and Shah 1998) and to help amplify traditionally unacknowledged voices (Slocum et al. 1995). They were also employed

to discourage “development tourism” and hurried visits by officials where information was acquired without engaging the local population for whom the projects were targeted.

Within these participatory approaches are a set of techniques called Participatory Rural appraisals (PRA). Chambers (1994) defines these as a body of approaches and methods that provide local people with the opportunity to present and analyze issues relevant to them, and to plan to act on such issues. These techniques have their roots/ origins in five traditions: agro system analysis (Conway 1987), participatory research inspired by Paulo Freire (1972) used in applied anthropology, field research (mainly on farming systems) as well as rapid rural appraisals (Chambers 1992). They are mostly visual in nature and have proven useful to ease the communication process in working with vulnerable and marginalized people by breaking the ice, thereby making it easier for participants to open up about difficult issues (O’Kane 2008). They also assist the researcher to gain insights into attitudes and the local words or phrases used by children/adolescents to describe events in a local context (Boyden and Ennew 1997). These approaches proved useful in this study as they aided discussion about difficult issues, for example, sexual health issues faced as young married girls or miscarriages, where these visual techniques were employed, and a discussion ensued soon after.

Nine of such techniques were employed (see table 9 below for detailed description and how they potentially added to the study). Briefings with my interpreter were carried out prior to the beginning of each session, where each exercise was explained in detail, so as to pass the correct information to the girls. Notes were taken alongside the recording with a debriefing carried out of what had occurred immediately after the sessions. As with the FGDs, these sessions took place in the interpreter’s house, as the girls chose this venue. Numbers for each session ranged from 10-16 girls and lasted about 30-45 minutes.

After each of these sessions, ensuing discussions would occur, where either the diagram was probed, and other questions asked as a follow up to the issues that might have emerged during the course of the activity. This proved useful in providing more information on the lives of girls which illuminated the analysis as well as answering specific research questions.

Table 9 : Description of Participatory methods

	PAT Method	Purpose	Basic description	Added Knowledge to this study
1	Simple diagrams	Represent in diagram form descriptions of a happy or sad girl. This was adapted after a Focus group where the concept of being happy might have been misunderstood by girls.	Girls were divided into two groups of four and asked to draw what they thought a happy girl looked like. The same question was asked about a sad girl. This was done on markers and cardboards; drawn by the girls and later pinpointed indicators on the diagram for the researcher to indicate some key points	Aided in understanding how young married girls conceptualised wellbeing.
2	Body Maps	Understanding of illness and wellbeing adapted to illustrate sicknesses and affected body parts.	16 girls took part in this and were grouped into six groups. Each group was given a marker and cardboard and asked to outline a female body and indicate where sicknesses occur.	Aided in understanding how young married girls could show, identify and articulate illness that was common to them.

3	Listings and categorizing: Sicknesses	<p>This was adapted to show how girls categorized illnesses especially from previous FGs and interviews where girls labelled sicknesses as either “being` serious” or not.</p> <p>To explore labels and tags given to sicknesses by girls i.e. “serious” or not serious”</p>	<p>A list of common/ frequent illnesses was made. Girls called out the names of the illnesses either in English or in Hausa language after which they were asked which they saw as serious or not. The notes were written by the researcher on a cardboard paper at the request of the girls. The girls were then asked why they had labelled each sickness in the category they had. Perceived causes were further explored.</p>	Aided in understanding the particular illness that faced young girls in this study.
4	Health Curative Matrix	Show frequencies of sicknesses/diseases and how they are addressed.	Here, sicknesses common to these girls were indicated and listed by the researcher, where frequency of commonality was	Aided in understanding health issues that young girls faced and how they sought to address these.

5			indicated and what is usually done to address this.	
	Issue Matrix	Show issues most pertinent to the girls and how common these are among different categories of girls represented	Various problems were listed where the girls indicated how common they were to them.	Aided in understanding the lived experience of young girls as a whole.
	Spider diagrams	Provide information on difficulties encountered with an emphasis on people to turn to or what is done in order to address the difficulty	The issues highlighted in the issue matrix were discussed as well as the different options/alternatives the girls employed to address each issue.	Aided in understanding the lived experience of young girls as a whole as well as the nature of relationships between the girls and people in their circles.
7	Social Networking	Explore social networks and nature of relationships with various people in the society and types of situations where they might be helpful.	Girls were asked to list the people whom they encountered in everyday life. With the use of Post-it's on the floor, with names of people highlighted on each, the girls were asked to also group these people into categories: who you met	Aided in understanding the nature of relationships between the girls and people in their circles.

8			in the house, outside, or both, with the nature of relationships people categories further explored.	
	Ranking and representation : businesses	To explore notions of income generation whether for “desirable business” or present “less desirable “economic activities as labelled by girls.	The girls were asked to visually represent various business opportunities where they drew on cardboard paper and using a pen, after which discussions ensued on which they preferred or not.	Aided in understanding
	9	Simple Venn Diagrams	Highlight how young married girls perceive people who are active in their lives; proving information on close and distant interactions and relationships.	Aided in understanding the nature of relationships between the girls and people in their circles.
			By way of the size of circles, the girls indicated who were closest to them with bigger sizes of circles equalling closeness and smallness of circles indicating not. Reasons or not for closeness, were further explored.	

See Appendix 7 for some examples of these.

Although nine diverse types of PAT techniques were used, not all methods were entirely successful in producing useful or rich information. Due to time limitations they could not all be completed but some yielded useful information that aided in data analysis. These methods are not to be seen to be quick ways of data collection rather, are labor intensive and in some cases requiring about an hour or so to complete. In many cases, the girls could only be available for about 20-45 minutes for these sessions which means that not much data could be provided. Rather, a snapshot into what was being discussed rather than an exhaustive explanation into the phenomena in question was presented after which the information gathered added more context to interviews, FGDs and PO notes.

The next section focusses on data collection and analysis.

4.8 Data Analysis: Coding and Memo writing.

Data collection and analysis occurred simultaneously as is common with studies taking on a GT approach in data collection (Charmaz 2006; Bryant 2010; Willig 2013). Following principles illustrated in Charmaz (2006) previously delineated by Glaser and Strauss (1967), Strauss (1987), and Strauss and Corbin (1990) the analysis was carried out as follows:

Initial coding: This involves a line by line breaking of data, to examine its properties, develop patterns across the data and analytically discover ideas on which to build. Here, the researcher is prompted to stay open to the data and attend to implicit and explicit statements, hereby determining where and what kind of data to collect next. I began to do this while collecting data in the field and this informed the direction of further collection of data. I had begun to transcribe in the field and upon my return to Scotland from Nigeria, I uploaded my transcribed documents to Microsoft Word as well as NVivo 9 (a qualitative software package). I decided to use NVivo as I found it more useful in managing my data and a neater way of sorting through themes and categories.

Focused coding: Here coding is more directed and selective, as the most significant codes identified in the initial stages are used to sift through substantial amounts of data and determine how well they make “analytical sense” (Charmaz 2006, p. 58) in further categorization of data. While at this stage, I sifted through the initial codes and categorized them in term of how they related to one another.

Memo writing has been described as an analytical conversation with oneself and the data (Charmaz, 2006). This process was employed during the process of data analysis, as it helped me to be continuously reflective in the process of the identification, labelling and justifying of categories formed, and kept me close to the data by a constant reflection (see Appendix 6) of the data gathered, and the context in which it was gathered.

According to Theis and Grady (1991), analysing PRA findings is a continuous process whereby information is collected, classified and verified. I was able to make sense of my findings by sifting through the information gathered, looking for patterns and differences as related to emerging

themes in this study. Through interviews and FGDs, I was able to triangulate the findings to tell a story from the perspective of the girls.

4.9 Language, translation and interpretation.

As noted in chapter 3, the site of this research was based in Northern Nigeria where the predominant language is Hausa. Accordingly, the interviews were conducted in Hausa with the help of my interpreters. This was not a straightforward process as both questions and responses were in Hausa and repeated back to me in English. Through this process, certain factors come into play in understanding both the language spoken, and how this influences the research process. As Birbili (2000) notes, translation-related decisions have a direct impact on the validity of the research and the subsequent report. With regard to the role of the interpreter in the research process, in situations where the researcher does not speak the same language as the participants, an interpreter will be employed to act as a cultural mediator, where translating and negotiating ideas and meanings in order to improve communication flow occurs. In this instance, I employed the services of two female interpreters. Reasons for these choices and characteristics of these individuals are discussed below

1. Interpreter 1: This 28-year-old married woman was referred to me by the organisation. She had taken part in some other activities organised by the host organisation and they were confident in her ability to do this work. Her fluency in both English and Hausa made me comfortable to employ her services. She was a university graduate and well known to most of the girls in the community as she was also engaged in IGAs where the girls usually congregated to buy and sell things. The front of her house was also used as an almost informal gathering place for some of the girls and as such her relationship with the girls prior to my coming was good and she was respected.

The second interpreter came into the picture on the request of Interpreter 1 as she occasionally engaged in other local businesses which made it difficult to negotiate times to meet with the girls. The first interpreter was also reaching the latter stages of a pregnancy and as such requested for someone else to step in to help when she wasn't feeling well.

2. Interpreter 2: This was a 30-year-old friend of the first interpreter who was also a university graduate fluent in both Hausa and English, and a teacher at the local primary school. I observed during my initial periods that she was also respected in the community as she was often greeted fondly by the girls.

Both were usually briefed at the beginning of the discussions to explain the intent of the interviews, FGDs or participatory sessions, to know what little things to look out for and pick up on quickly, without the researcher having to necessarily break the discussion flow. Even though meanings are interpreted from one language to the other, possibilities arise where meanings might be lost. This is evident in the linguistic challenges that arise from capturing the exact phrase and translating into English. This means that there could have been cases where local slang could have been used to interpret the words from Hausa to English. Thus, it is possible that the meaning of some words or the essence of those words could be lost in translation. Although capturing the exact meanings and phrases is not always possible (Birbili 2000, p. 2), it is still important to know how the interpretation is carried out and the difficulties highlighted in translation. This was noted in some cases where it was difficult to adequately capture some phrases in the English language. In this research, various words and phrases were constantly checked, and assessed by the interpreter and myself, from Hausa into English language, so as to represent meanings properly. Thus, the use of an interpreter meets a basic desire not only to seek out the meaning of words alone but can mean that the interpreter provides perspective into the translation to a certain extent (Temple 2002). This can be noticed in cases where the researcher is of a totally different culture and would seek more and further insight into phenomena, thereby requiring the assistance of a researcher. (Xian 2008). This mostly happens both during data collection and transcription phase. Both interpreters' being Hausa and resident in the community provided contextual explanations and interpretations for certain events that the young girls made mention of, for example, the context of divorce in Hausa Land, and the meaning of some words that have various applications in Hausa Land.

The next section deals with ethics as related to working with children, working with an interpreter, as well as discussions on consent and confidentiality

4.10 Ethics

Prior to my leaving for the field, ethical approval was sought from Queen Margaret University Ethics Committee. Seeing that I had initially proposed to work solely with children (i.e. aged 10-19), some issues of concern were raised by the ethics board (see Appendix 3). Although the ages of the participants were adjusted upwards, I ended up working with nine participants in this age group, which warrants a brief discussion on ethics of working with children.

4.10.1 Ethics of working with children: a framework

An understanding of the ethics of working with children or young people, needs to be embedded within specific and contextualized understanding of children and childhood (Munford and Sanders, 2004; Farrell, 2005). Different contexts provide different explanations for how this phase in an individual's life is viewed and constructed, and although universal principles guiding research with children should apply, a careful study of the research setting should be undertaken so as to adopt, and most importantly adapt, these guidelines to fit with that context. One such contextual issue is that bordering on consent.

Debates centered on the issue of consent in the context of research with children are vast and well documented. Cokcs (2006) views consent as a series of three interactions: provision of information by the researcher; understanding of said information by potential participants, and then making a response to it. In most HICs, researchers relate the legalities surrounding research with children to competence to consent to medical and health treatment within the social research context (Alderson and Morrow 2011). This was cited by the ethics committee in Queen Margaret University (QMU) as a test or a check to see whether the married adolescent girls in this context could consent to medical procedures on their own, thereby providing assurance of their competence to agree to take part in this study. However, in the global south, interpretation and application of ethical principles differs according to the children in question and the context in which they are situated (Clachery and Donal 2007). In this case, the children that were to take part in this research were already married and in other countries/contexts, consent would be typically sought from parents or guardians but here, consent would be sought solely from the girls. The cultural view of married adolescent girls as adults or a married girl perceived as a woman regardless of her age is commonplace in Nigeria (UNICEF 2005) by virtue of the roles and responsibilities ascribed to

them. Furthermore, as argued in the literature review, notions of childhood and adulthood vary by context and as such, these girls were not seen as children in this context.

Thus, consent was sought from the girls first by providing information using the information sheet (See Appendix 5) and I took with me a witness consent form (Appendix 5) for girls who might request a witness present at the time of consent. This was explained first in a group setting by the host organization staff prior to my arrival, and reiterated to them individually, should they choose to participate. All girls were given the opportunity to ask more questions, and to opt out at any time. They were also encouraged to talk more about it with myself (with the help of the interpreter), members of staff of the organization, or to any trusted person of their choice before taking part in the research.

Although the host organization staff began to inform women of my research before my arrival (using the information sheet), the chief made a mandatory call using a town crier to rally more women to attend the meeting. This might raise ethical issues of coercion from an authority figure. To ensure this was not the case, the girls who came for the meeting, which was announced using that forum, were told again of the research, emphasizing the voluntary nature of participation, without any consequence should they choose not to participate. Moreover, use of town criers are normal, and as such, I did not feel that the call authorized by the chief was in any way coercive. Also, during the time that I spent in the field, it was clear to me that these girls would not be forced or coerced to participate in these activities that they did not want to, especially outside their homes. As I stated in section 4.5 and 4.6, they did not just choose to partake in the research because the host organization introduced me to them but chose to do so in their own time after being recruited by myself and previous recruits.

4.10.2 Ethics in the use of an Interpreter.

Use of interpreters that reside within the community has both its pros and cons. Pros being that they are familiar faces and can arguably be better than strangers in making the research participants feel more at ease. This was the case in this research, as both interpreters were respected by the girls and could make them feel at ease, before, during, and after the interview, by discussing things in an informal and relaxed manner that only people living in that community could talk about. These included events taking place in the community, local news or gist, as well as discussing market days, and discussions on things to buy on the next market day. Although strangers can also

negotiate a way of making participants feel at ease, the presence of these interpreters, resident in the community and known to the girls, was of added benefit to the research process. In other words, the interpreters were well known to the girls, have pre-established relationships with girls where they largely felt comfortable enough to speak on issues in their lives. This familiarity however can also pose the question of confidential treatment of information, or cases where one might not be on good terms with the interpreter from previous disagreements. The latter was the case as one of the older girls had a family dispute with one of the interpreters in which case, the other interpreter handled interviews involving her to ensure a relaxed atmosphere.

4.10.3 Ethics of confidentiality and anonymity.

Maintaining and reassuring research participants of confidentiality and anonymity is vital to most studies. Anonymity ensures that the data participants provide cannot be traced back to them in reports or other forms of dissemination. Young married girls asked questions with regards to people not knowing who they were, and as such, I used pseudonyms for the participants by using very common Hausa names. I also provided only the name of the local government and not the particular community where this research was carried, out so as to further ensure anonymity. Furthermore, maintaining anonymity is also one of the reasons I largely did not take photographs of the girls, as they voiced their concerns of being recognised when I first attempted to take photographs. Although I assured them that their faces would be blurred out, hence making it difficult to identify them, they declined. Thus, any picture that was taken prior and at their consent (e.g. PRAs) does not show faces of the girls who participated in this study.

Confidentiality involves protecting personal information and preventing disclosure of identity other than to authorized people, for authorized purposes (Queen Margaret Ethical Guidelines Section 2.4.1). This was a point I had to assure the ethics board of as well as the girls that took part in this study. As stated above, assuring the girls of confidentiality was key, however managing confidentiality in reality proved to be a different story as I will explain below. In the course of the interviews, I discovered that one of the girls reported to being domestically abused by her husband (See Chapter 5, Section 5.5). I decided to ask the girl if she would be willing for me to put her in touch with someone/ people that could help. I decided to do this for three reasons, 1) In line with

what I had I had explained to the QMU ethics board³⁵ 2) upholding my own ethical principles as a researcher 3) the situation was also compounded by the fact that the young girl was pregnant at the time of the interview. My assessing harm and risk was also indicated at the beginning of the study where the interpreter went through the information sheet with the girls (paragraph for paragraph see Appendix 5), so they were generally aware that this would happen. Following the young girl's consent, I put her in touch with the host organization who assured me that they would look into this and see how best to provide help and assistance for the young girl at this time.

Because I employed their services, I made sure that both interpreters understood the importance of maintaining anonymity and confidentiality of participants that took part in the research by keeping what was discussed in sessions only between myself and the interpreter. As we will see in section 4.11.3, some young married girls reported to having experienced domestic abuse where I explained how I handled this in line with ethical expectations.

Data protection and storage: Recorded interviews and FGDs were kept on a password protected computer and with a copy of recordings handed over to the school to be stored in the repository for five years after the field work, keeping with QMU ethical guidelines.

Paper records for interviews were stored in a locked cabinet in QMU, alongside field notes, memos and reflective materials.

The next section will take more of a reflective approach, through the process of data collection.

4.11 "Self" and the research process

A researcher's position is recognized widely in the literature. The positionality of a researcher has been discussed from the perspective of an 'outsider', when researching in a foreign culture and the 'insider' when research is conducted in a native culture or country (Abu-Lughod 1999). Thus, reflection on "self" and how various aspects of oneself might be presented to others and interpreted in research texts is key. This reflection facilitates transferability and can illuminate bias, both in the process of data collection and analysis, might be evident. Furthermore, as Mills et al. (2006) state,

³⁵ I will explain to the girls that they will be assured of confidentiality however where I observe or feel that they might be in significant risk, I will discuss with them how best to address this and make referrals and follow ups.

researchers might have a passion for their research which could possibly blind them to certain aspects of the data, or form filters through which they approach and view the data. Thus, a reflection of the “pre-established images” scholars have (Bulmer 1969) that could possibly affect the research process is encouraged.

My relationship with organisation: At the time of my arrival in the community, the reputation of the organisation that had agreed to host me was not entirely positive amongst the girls in the community. Even though the said organisation had only worked with a few of these girls, some unfortunate experiences had spread to other girls not involved in the programme. Seeing that I had been introduced to the community by a project staff of this organisation, a link and association with the somewhat unpopular organisation had been made. The girls were mostly hesitant to work with me as they perceived that I might treat them the same way as the host or channel I had approached them with had. In this regard as shown above, I was able to establish rapport with the girls and carry on with the research in due time. However, my relationship with the organisation remained a purely professional one where, as a way of reciprocating their willingness to provide access to the girls, I had agreed to carry out a piece of research for the organisation. This was mainly a monitoring and evaluation report on a programme carried out by the organization assessing reproductive health knowledge, life skills and self-efficacy and economic strengthening/ livelihood building capacities of girls in the community. This took place about two months after I had started my PhD work.³⁶ Thus, even though the access they provided me was minimal, I carried out the research for them as staying in the community and working there would further help to establish a rapport with the girls on a personal level. The situation with the organisation was retrieved through my willingness to stay (considering a lack of other viable research locations) and the organisation providing support and recommendations for interpreters. The struggle of doing my work in the same community and representing an organisation with which these girls had issues might have proven problematic in their continued work with me. However, I was able to establish a rapport with the girls before commencing the report for the organisation, which made it easier to commence my PhD work, once the report was completed. In some cases, I had to conduct FGDs with a few participants who were

³⁶ This was part of prior agreement with the organisation that has a timescale for the report. Even though I only got one participant through the organisation, I still deemed it proper to carry out the research as they had provided a “way in” to the community, in terms of recognition by the chief, and members of the community as a whole. Also, at the time of my conducting the report for the organisation, we were also exploring other neighbouring communities they could introduce me to for my PhD work.

also involved in my PhD work. In these events, I ensured the report took place over a specified amount of time, after which my PhD work resumed, and I explained the difference in research to my respondents.

As a constructivist, previous positivist: The shift in my thinking from objectivist (no other external realist existed than what was being reported) to a constructivist was a conscious and decisive one. However, sub conscious notions of objectivity made its way into the field and became a struggle at the initial stages. I noticed within my first two or three interviews I was reverting to my ways of positivist thinking, i.e. the world is like “this” without considering any other explanation or divergent ways of thinking. A typical example is when some girls would say that they had got married by “choice” (See chapter 5). I would automatically revert to an interrogation of how choice was presented by the girl. Could it be a camouflage of “protecting” the parents she does not want to upset, or how she might have been “coached” or persuaded that this so called “choice” was the only option and alternative she saw? It was during time relaxing after data collection after the day was over that I realized that I was not listening. Previous work with these girls and reading of the literature (unavoidable to me, even though discouraged by some grounded theorists) mainly suggested girls being forced to marry, in the name of culture and tradition. The concept of a real and true choice (though camouflaged or strengthened by other factors) was indeed one that rang “true” to some girls, in the construction of their reality. Here, there was more that I might have read and conceived about these girls and was thus encouraged to bracket my ideas. Bracketing, which has its roots in phenomenology, is a process of setting aside preconceived notions that might taint the research process (Tufford and Newman 2012). Here, researchers are encouraged to look at the data collection process for what it is, what it gives you and not what you think it to be by way of assumption (Wall et al. 2004). This is however hard to do in practice, and grounded theorists are instead encouraged to keep memos, to show how previous notions, assumptions, hunches, vested interests, experiences and cultural influences might influence the research process. This is mainly to address issues of subjectivity (Elliot and Lazenbatt 2004) that the grounded theorists might have, especially one operating within an interpretivist framework, where one is prone to subjective tendencies. Reinzhardt (1997) adds that a variety of selves is brought into the field. In her work and field notes, she argues that after her analysis of her field work brought about some categories of selves that inadvertently or advertently affect one’s work on the field: how you are perceived and received. These will be discussed in turn.

Brought selves: This largely refers to the self that already existed prior to my arrival on the field, ‘self’ that had to be negotiated within the present context to see how they would influence the research process.

As a Christian researching in an Islamic context, I made sure to be respectful of my views in this community (by means of informal talks), listening and understanding the culture so as to rightfully “immerse myself”³⁷ in it and get an objective view of the issues. Although I could not point to a time where this might have been an issue, I cannot but acknowledge the fact that this might have mattered in how they chose, individually and as a group to respond to the questions posed from someone who neither understood culture or religion from their point of view.

As a University graduate, making sure that I maintained an emic perspective, maintaining respect for the girls and becoming a “student” of their culture, allowing them to guide me through their story telling/ construction of events.

Situationally created selves: This refers to the element of self that is being constantly negotiated with, within the context in which a researcher finds him/herself in. As a temporary resident of the community who was going to leave, this warranted some reflection. This research employs participatory methods which have been associated with the empowerment of participants who use such techniques. Here participants might have hoped for a change in the things they wanted to see happen and might be disappointed when I leave. Even though I had explained the nature of the research to participants (seeking to get insight into their experiences as married girls), they would occasionally make reference to my helping them in their issues, such as gaining a business. With the help of my interpreter, I always sought to re-iterate the purpose of my research and how important their contributions were.

³⁷ Part of the ways I adjusted to these setting was wearing long flowing gowns/dresses with a headscarf anytime I was in the community. I also listened to informal conversations and during interviews in a non-judgmental way so as to better understand their culture.

4.12 Limitations

As with all research, several limitations were encountered in this research. Firstly, strengthening rapport with the girls over time was not possible as this might have aided in a richer understanding of the lives of married girls. Furthermore, the tension that existed between girls in this research and the organization might have hindered a good number of girls from partaking in this research, thus limiting a more varied array of experiences of married life. In this study, in some cases some girls highlighted that they could not remember their ages when they were married but remembered being married as *yarin matas* (adolescent girls). While this would have been important, their accounts of marriage and ability to remember the seemingly young time in their lives still means their accounts can be seen as valid. In many ways, my research was adapted and adjusted to reflect developing themes, which were delved further into as my research was rounding up. This means that more opportunities to further explore these concepts and gain deeper were restricted. This study has adopted a grounded theory approach (data collection and analysis) which means that the findings are grounded in or specific to the study area. In this light, it can be argued that the findings of this research cannot be largely generalized to other areas where early marriage occurs. However, generalizability was not the aim of this research as is the case in quantitative research. Rather, I have attempted to focus on the experiences of marriage of young girls which could arguably be transferred to similar contexts. Furthermore, this research recruited 24 girls, 14 of whom were educated to secondary school level, living in North-Central Nigeria. This might raise questions of how the findings of the research might apply to North Eastern or North-Western Nigeria where early marriage persists in larger numbers and education is limited.

4.13 Conclusion

This chapter has sought to explain the epistemology driving this study as well as the methodologies and methods of choice. Here I have attempted to reflect on my study as well as explain and present issues I encountered and how I dealt with them, rounding up the chapter with the limitations bordering this study. The next three chapters focus on the empirical findings of this research, each focusing on different concepts. Chapter 5 highlights the constructions of agency and choice in the lives of young married girls, chapter 6 delineates the broad issues that relate to the understanding

of the health of young married girls, and chapter 7 highlights an understanding of what wellbeing means to these girls. These will be examined consecutively.

CHAPTER 5: Constructions of early marriage: Agency and Choice.

5.1 Introduction

This chapter presents findings, which serve to unpack the concept of agency and “choice” in the life of a young girl regarding issues of marriage in the North central Nigerian context. In this light, four main findings will be delineated and presented in sections. The first section suggests the way in which a girl is situated in her parents’ house can arguably influence her choice to get married at an early age where poverty, specifically in relation to the absence of money for school fees, plays a role in the subsequent decision-making process. How the girls in this study are situated in terms of their educational status will be also analysed, focussing on the marital choices of those that have attended school and the perceived value they have in the eyes of their parents in relation to being invested in. The second section presents the various constructs of marriage held by these young girls where constructions relating to culture, religion, poverty and love will be presented. The way in which these inform and influence their sense of agency and choice will also be explored, where it will be shown that some constructs allow for greater expression of agency than others. In this section, I will use the data to argue that understanding the context in which these girls are situated in prior to marriage can aid a better understanding of how decisions relating to marriage are made. The data also highlights how girls begin to make choices around the decision to get married and thus display agency, albeit constrained, in light of the circumstances they live in and alternatives that are available to them. This display of agency is seen to be informed by biological, social and cultural cues and a lack of financial resources which shape constructions of marriage and facilitate/enable the display of agency in this context. I will also present cases where the decision to display agency is related to a desire to achieve wellbeing for herself, or her family members. The third section highlights the response that parents have to a girl’s exercise of agency and how their (prior) educational investments in the girl might contribute to this response and the fourth section highlights agency in the context of domestic abuse. These are presented below.

5.2 Life before marriage: A focus on poverty and education

Before examining the constructions of early marriage held by the girls in this study, I shall look at how a girl is situated in both her parent's house and the community before she is married. Exploring the context of life before marriage for a young girl will foster a better understanding of the ways in which girls interpret and construct marriage at an early age. It will also highlight what influences these constructions. Examining girls' representation of life before marriage matters, as this will further contribute to our understanding of underlying contributors to early marriage and how it is being interpreted in various contexts. From the data gathered, particular emphasis will be placed on educational status, perceived value of girls and how assigned roles and responsibilities in the home provides us with picture of the economic context in which girls live. These are presented below.

5.2.1 Education and perceived value of girls

The educational status of the girls in this study indicate that more than half of these girls are educated to a certain level, whereby 18 of the 24 girls interviewed had received some form of education: eleven to secondary school level, and seven to primary school level (see Table 8 in Chapter 4). This information raises three salient points that serve to provide a view of the life before marriage for these girls. Firstly, it demonstrates that attending school does not stop girls from getting married. This is a noteworthy point as various authors pinpoint education as the singular most effective strategy to avoid early marriage (Malhotra 2011; Myers 2011). This strategy is however largely dependent on the continuous availability of fees and the ability to pay for additional school costs³⁸ which range from payment for uniforms, parents contributing to school maintenance and building construction (Hillman and Jenker 2004) and paying for additional after school lessons. This is especially noted in the context of Universal Basic Education (UBE), launched in Nigeria in 2004, providing free education up to junior secondary school level in public school systems. However, additional costs as noted above almost cancel out the free tuition making it more difficult to sustain schooling. In addition, private school education (which is more

³⁸ This statement will be supported in the section 5.3.1 exploring how marriage is constructed when an absence of school fees is noticed.

expensive) is mostly preferred due to perceived higher quality of education and as such, maintaining high cost of fees can prove to be a problem. Vari (2016) also argues that when the quality of education is low, parents and girls might feel the time and expense involved is not worth it. This was a point also noted in my data as I discovered that some girls spoke of a preference for sending their children to private schools as opposed to public schools as they preferred the quality in private schools.

Furthermore, it is possible that the sample was biased, as those with more education may have felt more confident to participate. Another point that can be raised from the information regarding educational status of the girls is reflected in the idea that more than half of the girls in this study had attended school, which implies that parents in this context place a certain amount of value in girls by the investments that are being made in their education. A study by UNICEF (2007) in developing countries places girls as not being a priority in terms of education, especially in light of limited family resources. This hinders enrolment in school, where boys might be favoured to attend school over girls in most African contexts (Hadden and London 1996). Girls are also mostly kept at home to work and care for siblings and the household at large (World Vision 2008). Parents in many global south contexts also believe that there is little use to educate a girl as she will take the benefits of education to her husband's house and are thus, less inclined to invest in her education (Edewor 2006). Although section 5.3 of this chapter presents cases of limited resources influencing decisions to pay school fees for the girls, their enrolment in school in the first instance suggests the value parents place on girls in a context where education of girls is not the norm (AHIP 2007; UNICEF 2007). Thus, in this context, we begin to see that at least some parents largely place value on their children specifically in terms of education. The next section explores the economic context that these girls live in as it begins to highlight roles and responsibilities in the family, which can help to understand the choices made around marriage.

5.2.2 Economic context: Gendered roles and responsibilities.

Although more than half of these girls attended school and were educated to a certain extent, participants indicated that they were also responsible for bringing some form of financial contribution into the house by doing *petty* trading or hawking. The excerpts below were common across a few sample of participants.

Hadija, a 20-year-old divorcee at the time of the interview and Salatu, also 20 years of age, reflect on their respective times in their parents' house and indicate how they contributed to overall household income.

Excerpt 1

Interviewer: Tell me about your life before marriage.

We were hawking things like pawpaw [papaya] and oranges. During “oranges” [orange season] we sell, during corn [corn season] we sell, during papaw [paw paw season] we sell. We go to Lafia [capital of the state] to hawk. (Hadija, 20; FGD).

Excerpt 2

Interviewer: Were you in school before you got married?

I was going to Arabic school before marrying and was doing petty petty trading (Salatu, 20; Interview).

In excerpt 1, Hadija refers to the seasonality of products- translated as “*When oranges are in season, we sell oranges, when paw-paw is in season we sell paw-paw...*”. So, while attending school, some girls also engage in a form of trade by the side, highlighting their contribution to household finances. This means even while they may be arguably valued -judging by educational status-especially in the context of poverty, their contribution to household expenses, household economics and overall wellbeing, is still vital. Excerpts 1 and 2 situates young girls as economic contributors to the house with a certain level of responsibility accorded them by virtue of the financial duties that they have to carry out. This therefore indicates that most girls in this context, while educated, still act as channels or sources of financial flow into the home through the small trading that they do. It should be noted that increasingly, geographers and other social scientists identify children as social actors (Robson 2004) who make valuable and sometimes overlooked economic contributions to households/families (Moore 2000). As shown in chapter 3, section 3.5.2, the seclusion of married women limits their mobility and choice of IGAs. In contrast, Robson

(2004) argues that children's mobility in the Hausa- Muslim society's makes up for the seclusion of married women, as they as children are able to move around freely, conduct trade on behalf of their mothers, and contribute to the household financially. This is important to note, as the majority of discussions on labor in the Muslim Hausa land tend to ignore children's work (Longhurtst 1980; Schildkrout 1978; 1979; 1981 cited in Robson 2004).³⁹ In his study on child labor in Nigeria, Ojie (2007) reported that in some cases, it is normal for a Muslim girl to see street hawking as a normal part of life. These girls are engaged in street hawking to earn some money to enable the poor parents to purchase for them the required marriage provisions or gifts (Bammeke 2004).

Although this is a brief look into the lives of young girls with regards to educational status, limited resources and responsibility of contributing to the economic survival of the house, it still serves as a *backdrop* to possibly understanding the choices that are being made regarding marriage in this context. Girls who live in poverty are largely educated, which signifies value, but yet are expected to contribute to household finances. This backdrop will highlight complex issues and links that influence the exercise of agency and choice as will be presented in the subsequent sections.

The next sections offer three main constructions of marriage as informed by the data. The first major construction - which is presented in the section below -ties in mostly with part of the analysis presented above where young girls who live in the reality of limited resources make certain decisions that reflect their view of marriage as a second-best option, in light of failed opportunities mostly relating to schooling. The next construction is that marriage is seen as something that is inevitable, based on physical and biological maturation, where these constructions point to the "the normality of early marriage", whereby certain times in the life of a girl indicates her "readiness" for marriage. This construction is largely examined in terms of its relationship to cultural and religious framework. The last major construction of marriage is one based on notions of love and how this might influence a choice to get married.

³⁹ Although these studies are dated, I have found in my literature review, that most of what is written on northern Nigeria and the socio-economic practices was between 1950s- 1980s. It appears there was a spark for a few academics to explore this region and study practices in this time. This appears to have waned over the years with very few other studies carried out in this region.

5.3 Constructions of marriage.

Constructions of marriage provide a basis with which to understand influences in thinking as well as a basis with which to understand how and why choices with regard to marriage are made in this context.⁴⁰

5.3.1 Marriage as a second option.

Young girls indicated that when their parents were faced with financially difficult situations, specifically a lack of money for school fees, they made personal assessments about whether to get married or not based on present circumstances.

Halimatu, a 23-year-old girl who got married at the age of 11, explained her reasons for getting married, attributing it to the inability of her mother to pay for her school fees.

Excerpt 3

Interviewer: What were the circumstances that led to your marriage?

My husband met my classmate and told her that he loves me. For the first time I now told him that I'm not interested. I want to school. After some time as I see how things are going on, I now decide to tell her to tell him to come, that I am interested... What happened before I got married is I was in school. My mother she is a businesswoman. She used to do palm kernel oil [Meaning her mother sells palm oil] ... So, we are three children in number. She used to pay our school fees. So sometimes she cannot pay our fees... the three of us. Since then I now decide to get married. So that something will reduce for her. (Halimatu, 23; Interview)

⁴⁰ Excerpts in all findings chapters will be followed by the source of the data i.e. Interviews or FGDs.

Here we see Halimatu's decision to get married as one stemming from, or influenced, by a reflection of her current situation where marriage becomes a second option based on the periodicity or irregular payment of school fees. Snippets of her statement "*For the first time I told him....* and "*After some time I now see how things are....*" shows a "crucial" gap i.e. a realisation of the inability to continue school, and the possibility of an alternative where the choice to get married is most likely being shaped based on current assessments of her reality. Halimatu further perceives herself as an added burden to her mother who already has the responsibility of taking care of her siblings and so views her "exit" from the family at this time, by way of marriage, as a way of relieving parental responsibilities and duties; hence her statement "*So that something will reduce for her*". This already ties into the notion of agency (albeit constrained), exercised for the wellbeing of others, which highlights relational wellbeing further explored in chapter 7. White (2015) writes on this where she proposes that when people describe wellbeing, they hardly refer to themselves alone (p. 6). It shows that a young girl can make choices to get married thinking of the greater good for her family and sees herself as the channel through which that wellbeing occurs. Somewhat similar sentiments were echoed in Montazeri et al.'s (2016) study in Nepal (see table 3 in chapter 2), where participants made decisions to get married based on socio-economic difficulties and, Murphy-Graham and Leal (2014) found in rural Honduras, young girls who had economic limitations saw no reason to delay marriage but rather made strategic choices to marry in light of their economically severe circumstances. However, they noted that it was the parents who wanted to get rid of financial responsibilities that informed the girls' decision to get married.

Another participant, Jummai also talks about marriage as a second option within a context of poverty.

Excerpt 4

Interviewer: What were the circumstances that led to your marriage?

*“Toh (!)⁴¹ I sat at one day waiting for my parents to pay my school fees and they didn’t. That is why I felt it is better than staying at home doing nothing [*laughs*]. They are in Jos and I am staying with my parents here. I met my husband in this town. Toh if they had paid my school fees I wouldn’t have gotten married. School would have been better for me and I would have gone far in school. I put myself in their shoes that they don’t have to pay school fees (Jummai; Interview)*

Jummai’s statement “they didn’t pay” leads to speculation whether her parents could actually pay her fees but chose not to, or whether they could not pay because of limited resources. However, her decision to get married is more so influenced by a feeling of empathy towards her parents who have to pay for fees from already limited family resources, “*I put myself in their shoes*”- Both snippets of the statement do not portray a sense of anger or bitterness towards the parents, but rather suggest a sense of understanding of how costs of schooling further adds pressure on available resources. While this decisions in the above excerpt can be arguably characterised as agential, an ability to make strategic life choices, we note how structural determinants of poverty, can further limit the overall “choice” of a girl in her decision to get married. Thus, marriage is seen as “something” to provide “*Sauki*” (*meaning relief in Hausa*) from already financially strained parents. This places these girls as aware of financial constraints in the house, where decisions surrounding marriage are based on practical decisions based on the economic relief of parents. From excerpts 3 and 4, we can also deduce that in exercising their agency, girls are looking out for the wellbeing of their family members. Thus, their marriage seeks to promote economic survival and the wellbeing of family members. This highlights how agency is linked to relational wellbeing in this case, and this

⁴¹ Exclamation in Hausa Language.

will be explored in the next section. Furthermore, this finding i.e. marrying to relieve parents is also mirrored in Segal-Engelchin et al. (2016) study where they reported financial motivations behind a decision to marry and as one participant put it, her marriage would mean a financial relief for her mother as she would “have one less child to worry about” (p. 737). Thus, marriage becomes a way to actively solve economic problems within the particular context that they live in. Montazeri et al. (2016) also found in their study that young Muslim girls who grew up in economically disadvantaged situations would choose to marry as they felt this was a way to make life easier for their already burdened families i.e. “My mother was not able to take care of us at all. So, I thought if I get married, everything will be better.” (p. 2). This points to the idea that choices made show how individuals make decisions as they are embedded in relationships.

Picking up from excerpt 3, Halimatu refers to her mother as the one paying for her school fees and those of her sisters. Although she makes no mention of her father, other participants further suggest that their decision to get married was based on the absence of a parent, in particular, a father’s financial contribution to the home.

Excerpt 5

Interviewer: What were the circumstances that led to your marriage?

Why I got married is that I don’t have anybody that will pay my school fees. My dad is not here (Kadijah 20; Interview).

Excerpt 6

Interviewer: Why did you decide to get married to your husband?

You know what make me to marry him [husband] because we are staying at Jos. It is sicknesses that bring my father and he died. When he died, his people cannot take care of us. I just decided to marry (Aishatu, 21; Interview).

Both participants refer to the absence of their fathers where said absence is specifically relevant and crucial in highlighting a gap in household earnings. This makes it difficult to actualise ambitions or goals of attending school or just being looked after, i.e. ensuring wellbeing of the girl.

This suggests that the presence of men in the households in this context (fathers, uncles, brothers etc.) contributes to a degree of financial stability. ICWR (2015) supports this finding, reporting that 35% of girls who had a deceased parent had dropped out of school. Although the report does not specify the gender of deceased parents, the statements from participants above suggests that risks of dropping out of school increases in the absence of a father.⁴² Although women can earn income, the social status of women in this context inhibits or hinders her from actively taking part in lucrative work/employment. This study further suggests what the loss of a parent in this setting can translate into lesser i.e. “channels” of income, arguably prompting a girl to decide to get married mainly for economic reasons. This economic gap thus drives girls to seek economic survival through marriage where this survival is aimed both at their personal wellbeing and to reduce the financial burden on their own families. Thus, excerpts three to six reflect what Kabeer (2001) defines as agency – the ability to make *strategic* life choices, where marriage is mainly seen as a strategy for survival from the perspective of a young girl. This strategy *however* is one that is informed and created after an assessment of present reality supported by statements like “*After some time I see what is going on* (Exerpt 3), especially in light of failed educational opportunities i.e. inability to continue school. This ability of girls to decide to marry for economic reasons also adds to what the literature indicates in terms of parents marrying their daughters off for same reasons (Mathur et al. 2003; Myers and Rowan 2011; Otoo-Oyortey and Pobi 2003; UNICEF 2001; UNICEF 2005; UNICEF 2009; Workineh et al. 2015). This finding however suggests that the girls are very present in the decision-making process and places them in a position to be recognised individuals able to make critical assessments of their realities and make decisions upon said assessment.

At this point I will present the case of a girl who also presents marriage as second option after failed educational opportunities, but also indicates parental pressure to get married, thus highlighting the difficulty in assessing the ability to choose in this setting.

⁴² To reiterate, mothers provide as well, but findings from the data as well as other studies referenced above show that the absence of a father’s income leads to a gap in household earnings which has implications for schooling as well as general household needs. Furthermore, as seen in Chapter 3, section 3.5, men mostly dominate the economical spheres, especially in the north, and restrict women from movement as well as providing few economic opportunities. These factors together hinder the ability of women to *adequately* provide for the family.

Binta, a 22-year-old girl who had just completed secondary school presents this account.

Excerpt 7

Interviewer: What were the circumstances that led to your marriage?

Hehn! [local exclamation], I was the first daughter. I wasn't planning to get married. I was in Zaria [big city in Northern Nigeria] in secondary school. I finished. I looked for admission [in University] and didn't see. When I came to my village in Kanje that is when I met my husband and my parents said it is that one they wanted because he is from here [From the same community] ... that year I finished my secondary school was the year I went to Kanje. I was stubborn to my parents and my mother now developed blood pressure. She had it because I was stubborn, and I didn't want to marry Even then, they wanted me to go to school but when I met this man, they said it better I get married. My parents said that marriage will not stop school. (Binta, 22; Interview)

Binta highlights the importance of education seen by both she and her parents, however parental desire for her to marry, overrules/trumps her desire to continue schooling exclusively. Her parents view these two “institutions” as being able to co-habit in this context. Although this is the only account of parents signifying marriage and education as being able co-habit, it further suggests that it is possible that marriage or education might have to give way for the other. Findings from rural India, Maerten (2012) support the exclusivity of either marriage or education i.e. they cannot occur at the same time. In the study, parents viewed marriage and schooling as mutually exclusive choices where both cannot co-exist, especially when the girl is becoming older. Although these are findings are from a different continent, it still highlights the tensions that exist between being in school and being married, as both do not seem to coexist with each other as highlighted in the excerpt above.

Binta further continues her account.

Interviewer: Why did you decide to get married to your husband?

Ok. If I didn't marry this one, I wouldn't have gotten married. No, this very one, it was my cousin that he wanted, so they took me and gave him so that he will be provoked. He wanted a girl from Kanje. He paid the entire dowry. I was supposed to be the friend of the bride when I came, they started having misunderstandings. (Husband and cousin). He did not even go straight to me. He went to my father's brothers and talked to them. When I went back to Zaria, [big city in North-East] they phoned my father and told him that somebody likes me, and they said I must marry (name). I ran away and went to my Aunts place in Borno [North-East] I was there for 2 months. They paid dowry in my absence. No. I want school. My mum is the headmistress of my school and she wanted me to get married. Because of that, my mother developed high blood pressure so instead of that, I just prayed and came back home.

In this statement, we find elements of marriage being alluded to as being a second choice. “*If I didn't marry this one I wouldn't have gotten married*” and “*It is school I want*”. However, the parental decision to carry on with the marriage plans despite her desires and not consulting with her... “*They paid dowry in my absence*” results in an arguable display of agency in running away. However, her “choice” to return home, displays an awareness for the health of her mother, which indicates that “choice” can be informed by empathy, further problematizes what full and free consent is in this context. In other words, this scenario highlights the struggle that exists for campaigners where the strict divide that is perceived to exist between full consent and coercion is blurry in reality. Binta in this case, chooses to go home after feeling pressured to do so by her mother falling sick and the fact that her dowry has already been paid. So, when we can see elements of coercion and pressure to get married, can we still view her return to the house as an indication of her full and free consent to the marriage? This shows the nuances of the display of agency where her “choice” to return home is almost difficult to describe as agential, as in principle, a dowry has been paid and as such, she is technically viewed as married. Sahu et al. (2016) also records a case of a girl opposing a marriage through talks with her parents in favour of education but ultimately choosing to go ahead with this after learning her marriage was fixed and finalized. Hereby,

choosing not to marry after this event (i.e. dowry payment) would be socially undesirable (p. 8). In summary, agency is displayed in running away, choice and agency is also displayed in returning home, but this exemplifies structural constraints on the notion of choice as explained in section 2.8.

Continuing in this analysis and exploring the nuances of choice in this context, and what influences the decision-making process, excerpts 3, 4 and 6 further highlights the role that young girls take within their family structures, where these participants give up future endeavours for the “greater good” of the family. This indicates added responsibilities on the shoulders of these young girls growing up in a context where parents are unable to cater for some needs of their children, as evidenced in the above excerpts. The concept of marrying for the greater good of the family is largely reflected in the work of Becker (1973) who proposes that people get married when they perceive that their “utility” (being better off) increases as a result of marriage where this utility is based on certain indicators⁴³, like quality of meals (meeting basic needs), quantity of children, love, and prestige. Thus, when the option to get married presents itself, and the perceived gains outweigh being single in this context, it is more understandable that such a “choice” is made in light of limited resources and the option of living a better life as a married woman. Furthermore, in societies where women have fewer options than men, they might be prone to only choosing from the limited options that they have in the various contexts that they live in, and thus settle for less than (Beutelspacher et al. 2011) what they desire. Johnson- Hank’s study of young Cameroon women can also add to arguments made in light of limited options, as agency can be exercised in light of what is available and not necessarily what is the best option at the time.

Still within the context of marriage as a second choice, Salimma who is a 15-year-old girl rationalises her decision to get married when there is nothing else to do.

Excerpt 8

Interviewer: Tell me about the circumstances that led to your marriage?

Instead of staying without doing anything, it is better to marry. (Salimma, 15; Interview)

⁴³ Commodities as He terms them

Here, she bases her decision to get married within a lack of alternatives - “*Nothing to do*” - where this absence of alternatives arguably drives girls to marry. Options that might exist mostly relate to education as evidenced in excerpts 3, 4, 5 and 7. Another alternative to marriage that exists for married girls in this context is a desire for business opportunities or income-generating activities as evidenced in the excerpts below. This is particularly noted when participants were asked what advice they would give young girls in the same situation as they were in at the time of marriage.

Excerpt 9

Interviewer: What advice would you give young girls now concerning marriage?

...Yes, doing nothing they are not schooling they are not doing any business, so I advise them to go and marry (Halimatu, 23; FGD)

Excerpt 10

Interviewer: What advice would you give young girls now concerning marriage?

Toh they should go to school and get handwork ... She can get small thing that she can use and be taking care of herself. Like handwork (Salimma, 15; FGD).

Thus, a desire for business can be seen to be an alternative to marriage, signifying the importance of not only having something to do but also indicates that in this context, there is no room to be idle. Something must always be happening, or a girl must be engaged in something...be it school, business or getting married. It is worth noting that Halimatu’s statement does not suggest that she entirely regrets her choice to marry. It however shows a pragmatic solution in the absence of desired alternatives. Thus, the socio-economic context goes a long way in affecting the choices that are made regarding marriage (Sahu et al. 2016).

To summarize this section, participants have presented marriage as a second-best option. This is largely in light of a lack of resources, which drives them to make a decision to get married earlier than they planned to. This is rooted mostly in practical economic decisions at the time where a strategy of survival is sought or adopted as a means of taking care of self and family. It also

highlights feelings of empathy towards parents and feeling a sense of responsibility to care for their families in the economically strained contexts they find themselves in.

The next set of constructions are mostly rooted in religions and or cultural frameworks and point to the seemingly inevitable notion of early marriage. This will be presented below, highlighting the complex weave of influences that exist for a young girl within this context regarding issues of marriage.

5.3.2 Marriage as inevitable: Physical and biological maturation and social cues.

The notion/ construction of marriage as being an inevitable event is explored in this section and introduces the concept of “*lokaci*” (*meaning time in Hausa*) (highlighted in physical and biological maturation of a girl) and the arrival of suitors which indicate the opportune and inevitable time of marriage. It also explores the concept of “staying” where girls in this context would rather get married than remain unmarried and thus be seen as promiscuous. All these themes are examined within a cultural and religious framework as the underpinning foundation for these constructions.

About 18 of the 24 participants further built on this construction than that alluded to in the previous section. Here, they alluded to the seemingly inevitable nature of marriage and further characterised this as a compulsory event in the life of a young woman.

Excerpt 11

Interviewer: When is the right time to get married?

No matter how old you are, if it is your time for marriage you will marry. For example, you, if you are schooling or working once it is time for marrying, you will marry (Alipha, 23; FGD)

Here, marriage is seen as an inevitable interruption of other life events that occurs at a certain time in the life of a girl, “*No matter how old you are*”. It is further presented as something that cannot be negotiated out of and indicates a certainty about marriage occurring in the life of a young girl when the time comes. Although the specifics of knowing when exactly this time has come is not

made clear in Alipha's statement, Auta, a 19-year-old girl, suggests a time, chronological or physical age, when a young girl is expected to marry.

Excerpt 12

Interviewer: When is the right time to get married?

Toh there are times the Hausa consider the age of marriage maybe if a girl is 13 years.

(Auta, 19).

Auta's statement indicates how age of marriage or the age at which a girl is expected to marry is embedded within cultural frameworks where she refers to the Hausa culture. Her suggestion that early adolescence is the likely time for marriage further echoes what other authors report. Authors Such as Dixon- Mueller (2008) report that in many parts of the developing world, 14 is the ideal age of marriage, while Kyari and Ayodele (2014) record even lower ages of marriage, especially in the Nigerian context i.e. 7-14 years of age. These ages begin to suggest that in this context, transition from childhood to adolescence is marked by the marriage of a girl (see chapter 2, section 2.2). Murphy-Graham's study in Latin America (see table 3 chapter 2) also saw that young girls were under some form of pressure to get married as they would not have another opportunity to marry later and as such were encouraged to marry so as not to "miss the train" (p. 14).

Furthermore, certain markers in the development of girls also indicate when a girl is expected to get married. In an interview with Hadija, 20 she makes mention of early adolescence and puberty as a marker indicating opportune time to marry.

Excerpt 13

Interviewer: So, what were the circumstances that led to your marriage? H- Laughs

Hadija: I'm the person that said I am up to the age of marriage. I got somebody.

Interviewer: What does up to marriage mean?

Hadija- When a girl has reached 1st 2nd 3rd period then she is up to marry except if she did not get a man then she can stay⁴⁴. You will marry and go to your husband's house.
(Hadijah, 20; Interview)

Here, Hadija indicates that when a girl is in the initial/ early stages of puberty- first three months- she is ready for marriage. This therefore means that the onset of menstruation in this context marks symbolic event ushering in the acceptable time for a young girl to get married.

In addition to physical age and puberty as a marker indicating the ideal time of marriage, participants below also, introduce another variable here where they indicate mental cues at the onset of menstruation. The following was part of a conversation in an FGD (P's refer to participants)

Excerpt 14

Interviewer: What does it mean to be matured before you marry?

P1: When you reach the stage of menstruation.

Interviewer: Ok [name] what do you mean?

P2: It is so.

P: I Its so

Interviewer: Aunty P3?

P3: It is so.

Interviewer: Ok so everybody believes that once you begin to menstruate....

P: Hmm

Interviewer: You are okay to start marriage.

P3: Hmmm.

⁴⁴ The concept of “staying” will further be analyzed in section 5.6.

Interviewer: Ok so that is for the physical what about your mind? Is there anything that will indicate that you are ready to get married in your mind?

P4: If you reach the stage, you will start thinking of marriage.

P5: If your stage is up to marriage, you will start feeling it.

Interviewer: Which one do you feel is more important? The mind or the body?

P6: All. If you reach that age your mind will start telling you to get married. (FGD)

Above P1 agrees with Hadija in stating that the onset of menstruation is the ideal time to marry. They further make mention of a merging of both mind and body where physical “cues” point to the time for marriage and these are accompanied by thoughts of marriage. In other words when you begin to menstruate, you begin to think of marriage. Hence, through reference to physical and biological cues, some young women construct marriage as something inevitable grounded in physical and biological maturation and something that must happen at a certain age in your life. Both excerpts 12 and 13 suggest that in this context, marriage is expected to occur at the threshold of adolescent years and/ at the beginning of puberty, hereby showing this period as one that acts as a channel for ushering a young girl into marriage. Thus, these expectations are indicative of cultural norms and values as indicated in the literature review (section 4.3.1) where Hausa girls are generally expected to begin menarche in their father’s house (Wall 1998).

Arrival of a suitor: Another event in the life of a girl that points to the inevitable notion of marriage at a young age is being noticed by a potential suitor indicating time for marriage. This is important to explore in this context as someone noticing a young girl in other settings or approaching a girl’s parents to ask for her hand in marriage does not automatically signify a time to marry. However, the excerpts below begin to show that when a potential suitor notices you, that can already begin to mark the end of any other dreams and ambitions, as this noticing, ushers in the general assumption that marriage at this age, is a reality.

Maemma states she knows her time for marriage has arrived with arrival of a suitor. Assibi and Salima lend their accounts of marriage to this notion.

Excerpt 15

Interviewer: How did you know it was time for marriage?

How I understand it was time is because husband has come for me. (Maemma, 23; Interview)

Excerpt 16

Interviewer: Can you tell me how you got married?

Assibi: God brought husband

Interviewer: How did you know?

Assibi: How I understand it was time is because husband has come for me (Assibi, 23; Interview).

Excerpt 17

Interviewer: Can you tell me about your life before marriage?

Before I got married, I was in school and hawking at the same time. I was in Jss3 and, so I stopped. My husband comes so I stopped (school) (Salima, 25; Interview).

The participants in excerpts 15-17 do not define the time of marriage in terms of age but the arrival of a suitor. In other words, if someone seeks out your hand in marriage, then is your time to marry. The reference to God that Assibi makes in excerpt 16 is indicative of the importance that religion plays in the decision-making process. This reference is also seen below where participants refer to God as supporting marriage, which sets the tone to explain more reasons why marriage at an early age is acceptable. Hadizah in the excerpt below also makes mention of religion but highlights other reasons as to why she was married early.

Excerpt 18

Interviewer: What do you like about being married?

What is more important is that the woman will just be going around anyhow [implying promiscuity]. Even she is living for her husband. Even God himself talks about marriage as a good thing. Had it been there is no man how will a woman be able to enjoy her life? That is why I like the marriage because I am staying in one place, because am settled. (Hadizah; FGD).

The excerpt above illustrates three themes; a sense of purpose of a woman strongly tied to her roles, responsibility and identity as a wife ⁴⁵ where one is “*Rayuwa domin mai giga (meaning living for her husband)*”. This can be arguably understood through a cultural lens, where the woman places her identity in her roles and duties as a wife. Even though patriarchy is highlighted in the causes and perpetuation of early marriage (see chapter 2, section 2.3.2) this participant sees the male figure-her husband- as a welcome way to enjoy life where she is settled and obeying the expectations of Islam. This is reflected in Hassounah-Phillips’ (2001) article, where she argues that within the Islamic doctrine, when a person gets married, he/she indeed perfects half of his/her religion. Halimatu does not view getting married as subversion to patriarchy but rather sees marriage and her husband as necessity. The second theme drawn from this excerpt also suggests a view of marriage as a way to be settled as opposed to going around, which in this context can mean a woman being promiscuous or having sexual relations outside marriage. The happiness derived from stability, the assurance of one’s position in the home as a wife is suggested from the above excerpt. The third theme relating to references to religion as a justification to marriage is also suggested here, which therefore constructs marriage as a divine plan necessary in order for a young girl to live a normal life in society. Furthermore, the manner in which she frames marriage, “*Living for her husband*” and being settled, indicates her perception of marriage to be a positive one indicating the possibility that early marriage might not be perceived as a negative idea in this region. Although Erulkar and Bello’s study (2007) in Northern Nigeria revealed that young girls who have their

⁴⁵ The concept of identity will be explored in the sections below.

marriages arranged for them by older males, also echoed the sentiment of describing a decision to accept the marriage as an arrangement by Allah. (p. 6). Montazeri et al.'s (2016) study in Iran also follows this line, as most participants made marriage related decisions based on an adherence to religious beliefs ("*marriage is one of our prophet's recommendations*" p.5). The study in Iran also showed that marriage is a way for young girls to achieve social identity in their transitions to adulthood. James (2010) study in north western Nigeria also discovered in his study that participants saw marriage as a thing of pride where a girl would get married even at the age of 12 if Allah brought a husband (p. 271). Giddens also argues that 'a person's identity is not only found in behaviour or in the reactions of others, but in the capacity *to keep a particular narrative going*' (1991, p. 54; emphasis in original). When young girls speak of marriage as something their parents did, and as something that God expects of them, this could mean that this desire to keep the social narrative going might contribute to constructions of marriage as desirable. An individual's sense of self, and arguably a sense of belonging, is integral to constructing a "coherent narrative" (Groarke 2002, p. 572) about oneself.

In further exploring the place of religion in excerpt 16 and 18, Maemma further provides a basis that helps us to understand *where* this religious view of marriage stems from i.e. what influences said views.

Excerpt 19

Interviewer: Why do girls marry early?

In Islam, it is expected that your first menstruation you will do it in your husband's house.

(FGD)

The above participant refers to religious expectations which further suggest that this might still indicate a shared norm in this context, as the girls that took part in this study were Muslim. We can therefore assume that these influences in thinking and expectations surround the girls. Maemma's statement is also further supported with literature expectations of marriage rooted in Islamic frameworks (Wall 1998; WLUML 2011).

The findings in this section begin to signify a complex notion of time as a concept that acts to determine when the marriage take place. This time is displayed in the appropriate age of marriage,

onset of puberty and the arrival of a suitor. This notion of time is largely embedded in cultural and religious norms in the context of this study as seen in the above excerpts: time in terms of age, time of menstruation, time when a suitor arrives.

Culture as a concept also plays a significant role in the perception of marriage as something that is normal in this context, which contributes to the ideology of the inevitability of marriage. An excerpt from a focus group points to this where participants refer to the normality of marriage framed in a framework of “cultural history”. The following conversation ensued in a focus group discussion.

Excerpt 20

Interviewer: Why would you say girls marry early? What is the reason?

P3: Hausa culture

P4: Even at 12 years

Interviewer: Mostly common here maybe due to lack of parental care. Instead of staying at home it is better she gets married

Interviewer: Ok let us go back a bit, you said Hausa culture. What is Hausa Culture? How does Hausa culture make a girl married early?

[Some laughter]

P: The Hausa it is part of Hausa way of life. We grew up and met parents practicing it. Just part of the way of life

Interviewer: Did your parents say why girls marry early?

P4: The reason is just that we grew up and met it (FDG)

Here participants refer to “historical” references or ways of thinking and doing things- socio-cultural norms- existing before they “entered the scene”. This implies that marriage is something that girls consider as part of growing up, something that one grows up to meet as an already existing social institution, which speaks to early marriage being part of a constant cultural expectation the community. This is seen as something that their mothers did, and arguably, all females around them are doing and continue to do. This repetitive nature of human activities is a key element of Giddens theory of structuration as pertains to this study where he suggests that humans reproduce that which they “meet” within a society; they reproduce only what they see produced through their interaction with the environment, where these activities are then recreated. Thus, marriage is seen as an idea that is engaged with consciously, as it is something that they had witnessed their parents doing. Thus, their engagement with this idea was because of contextual factors that they interacted with, whether in the form of social norms/ expectations of marriage, framed in religion, or culture. This indicates that marriage in this context is repetitive with similar patterns and as such, the environment only seeks to serve this concept of marrying early. This seems to link back to the construction of marriage as inevitable- something that is part of the normal code in the society, that people before them have ascribed to and young girls are therefore expected to engage with this idea of “normal”. What is normal in this context aligns itself to adhering with social expectations within a society. Bicchieri (2008) describes this kind of compliance with existing structures as an empirical expectation where a norm is expected to be followed by a large cohort of people where this expectation is grounded in “past observations of conformity” (p. 192). This finding or implication of early marriage as normal was also found in Erulkar and Bello’s study of marriage experiences of married adolescents in Nigeria where girls alluded to the normality of marriage at the “age of 15 or so...” (2007, p.6). The excerpts above depict how culture is both learned and shared (Moore 2004). Learning of culture relates to the concept of socialisation (see section 2.5 Literature review) and where the girls in this case naturally acquire knowledge, adopt and adapt these attitudes which are “presented” to them right from birth. Although it can be argued that what is normal in the society is not necessarily inevitable, the perceived benefits of conforming rather than deviating seem to offer some background as to why the girls who choose to get married and ascribe to expectations in the society do so. This is largely in the form of respect that they get from being married rather than unmarried. In keeping in line with what is normal, Nasrullah et al. (2014) found in the women interviewed (who were married as children) study felt that early marriage should

continue (in the face of the recent country ban) as it was a family matter, woven in the fabric of society, thus seen as normal.

Maira a 23-year-old girl accounts for her marriage in terms of the respect she gets out of marriage.

Excerpt 21

Interviewer: What do you like about being married?

If I am at home I will be walking up and down [implying promiscuity], now I am happy, and people respect me. If I was not married, people will be looking at me somehow and I will be useless. Now there is nobody that will look at me useless. Even my mates will respect me because I am married. (Maira, 23; Interview)

She attributes marriage as a way of gaining a certain level of status between both her peers (who might be married) and other members of the community. Her statement “*now I am happy, and people respect me*” links back with what is said in excerpt 18 about marriage as a necessity to “*enjoy life*”, where stability and respect are attached to a status as a married woman. This was also noted by Montazeri et al. (2016)⁴⁶ and Segal-Engelchin et al. (2016) (See table 3, chapter 2) where participants in both studies also viewed marriage as a channel for gaining respect in their family and the larger community. Callaghan et al. (2015) also reported from their study in Northern Nigeria that a woman’s marital status ensures her “social value” (p. 517) in the society. Furthermore, her statement of being viewed as “*useless*” also connotes the importance young girls might places on people’s perception of who they are- character and morals- where a girl is expected to be married by a certain time in her life. This reason might therefore provide a backdrop for why a girl might see early marriage in a positive light especially when marrying as a virgin most likely occurs when you marry young in this context.

The importance placed on the perception of others also is seen in the excerpts below.

⁴⁶ Montazeri classifies this as a “social need” desired by the girls.

Excerpt 22

Interviewer: How will you get respect from being married?

Sometimes if you are not married the reason why some people will look down on you is because maybe they will be thinking as if you have been wayward and people have been uselessly you [people have been sleeping with you] that is why you are lacking husband to get married to (Hauwa, 23; Interview).

Hauwa refers to marriage as a way of “getting respect” the opposite of looking down at you, and also to marriage as being a way to avoid being seen as having less value through the perception of promiscuity. Her view ties back to the concept of expectations, which arguably influences “choice” of marriage. These expectations again are rooted in culture and religion and as Barber and Axin (1998) argue, where more traditional attitudes to gender roles exist, early marriage is likely to occur.

The concept of “staying” (meaning *Zama* in Hausa): In view of marriage as a way of garnering respect in the community, some participants – Jummai Salima and Hadija in excerpts 4, 8 and 13, introduce a concept that opposes the norm, “a concept of staying”, remaining in parents’ house as opposed to getting married. They raise this concept as one that might not be desirable in this context. In excerpt 13, Hadija’ makes mention of the early onset of puberty as the ideal time for marriage, but then indicates that if she does not find someone by time of her life, she is free to continue staying in her parents’ house. While this might look like an option, there are pressures to remain desirable in this context; men would desire and prefer to marry younger women. Wahhaj (2014) also suggests that the younger age of a girl signals “quality”, where a girl is under pressure to marry, as the older she becomes, the less value she is deemed to have. Thus, the idea of staying in this context can be explained in the light of loss of value as time progresses or chronological age progresses. Goody (1990) also proposes the idea that younger brides are preferred in some societies due to the extended period of fertility they have in front of them, and they are likely to be more obedient in their homes. Thus, the option to “stay” is not the desirable one, where one’s value decreases as one gets older. (See section Chapter 2 section 2.3 for more on younger/older brides

and their perception in the society). Becker (1963) noted how individuals who deviate from social rules as *outsiders*, people who are judged by others within the “circle of normal members of the group” (p. 15). This form of staying can lead to a presentation of “*inappropriate identity*” (Denzin 1970, p.138)⁴⁷ which does not hold fast to the social rules of the immediate community (see excerpts 21 and 22 below).

Rakiya further provides context for understanding “staying” as a concept, which was common across the group.

Excerpt 20

Interviewer: Tell me about how you got married?

I want school and nobody to sponsor [pay for school] me so I just see that it is better, so I don't go about. (Rakia, 19; Interview.)

Going about is an expression of being of being sexually promiscuous or having sexual relations. This means that one runs the risk of reducing chances of marriage by just staying in her parent's house, thereby prompting a desire to remain ideal, where the result of this might be to marry. As seen in Chapter 2, section 2.3.2, we see that girls who are of child bearing age have no acceptable place in the Hausa society, as most of the adult Hausa society is married (Callaway, 1987, p. 35) and choosing to remain single risks being labelled as a prostitute (Pittin 2002).

From the excerpts in the above section we can trace these constructions to socially shared notions of marriage, rooted in religious and cultural expectations, where physical age, and biological maturation mark a significant time in the life of a girl. Montazeri et al. (2016) (see table 3) study also shows that young girls and the society at large associate biological maturation with the ideal time for marriage as well as reporting that marriage makes you mentally mature. These expectations are intrinsically embedded in an adherence to a way of life where marriage forms a gateway to respect as opposed to being unmarried and thus being seen as promiscuous.

⁴⁷ Foundational author in understanding the research act and identities.

Thus, in the instance that girls decide to get married, they exercise a form of constrained agency where the decisions are largely dependent on some constructions which are embedded in religious and cultural frameworks which the girls cannot seemingly “divorce” themselves from.

In summary, marriage is seen as a second-best option, marriage is an event that occurs based on biological maturity, and marriage is a gateway for respect.

Some participants reflected on the benefits of being married, and although they mentioned respect, they seemed to highlight the prospect of becoming a mother, or being labelled as a mother, an attractive one.

Excerpt 21

Interviewer: Hmm... Can you describe how the respect is inside marriage?

Rakiya- People will greet you “sanu madam” [greeting in Hausa] or they will say “mother of this child”. They will call the Child’s name. If you don’t marry, they will feel you are flirting.

Various authors such as Oyewumi (2003) have proposed that the term wife merely signifies subordination between “two people” with the title of a wife being more of a role than an identity. In other words, they suggest that women might desire to be married through the identity they get from being a mother. Oyewumi (2003) suggests that the term wife is used as a road into a more desired role and title of mother where some women might marry as they are expected to but desire a higher role of being a mother. Some authors have also proposed that people will strategically *respond* to a norm that is seen to generate prestige (Cole et al. 1992, Frank 1985 cited in Kevan 2014) in a bid to get some other benefits that come from conforming. Therefore, certain constructions suggest some choices are more strategic than others. Burcu et al. 2015 also report how early marriage offers a form of prestige for women who marry in this context.

The next section introduces another construction of marriage held by some girls where love informs the decision-making process; either mutual love between the girl and a potential spouse or love

expressed by the suitor. These varying expressions of love and its suggested implication in the “choice” to get married are explored below.

5.3.3 Marriage and love.

Love as a contributor to the “choice” for marriage was only seen in four participants as evidenced in the excerpts below.

Excerpt 22

Interviewer: Tell me how you got married. What happened?

I just saw him, and I love him, and he too saw me and loved me. Nobody forced us to marry. (Maira, 23; Interview)

Excerpt 23

Interviewer: How did you meet your husband?

I met him when I was still at home. Love. He loves me mah [me too] I love him. (Fareeda, 20; Interview)

Excerpt 24

Interviewer: What were the events that led to your marriage?

He just saw me and said He loves me and I saw him and said the same thing. (Haruna, 16; Interview)

All three participants above refer to mutual feelings/love expressed between themselves and future husbands, which suggest that love possibly acts as an influence in the “choice” to get married. Excerpt 22 also offers some interesting insight that complements Thapan (2003) study on Marriage and agency where women’s articulation of agency was noteworthy.

However, one participant refers to the suitor expressing love for them and thus acting as a likely contributor to deciding to marry.

Excerpt 25

Interviewer: What circumstances led you to marry him?

He said that he loves me, and I told Him that I will go and think first. (Auta, 19; Interview)

Halimatu's story/account (among many) is also an example of how not just one reason can be given for marrying early, but how various issues and reasons in the life of a girl can inform a decision to get married. Both Auta and Halimatu in excerpt 2 refer to their husband's love for them, and Halimatu highlights her assessment of her reality, which informs her decision to get married. This *suggests* a desire to get married to someone who has romantic feelings for you as opposed to someone who will be arranged for you.

This concept of marrying for love (or love contributing to reason for marriage) in a context where arranged marriages are the norm is also noticed in other aspects of the developing world where the number of early marriage is high. This has been studied mostly in the Asian continent where kinship obligation in marriage above romantic love is preferred (Donner 2008, 2016; Twamley 2014) and as such the notion of love, a foreign concept. For example, Ahearn (2001) found that in Nepal, young people use love letters in contemporary courtship rituals, where they attempted to form marriages based on these familiar and close exchanges. Donner's ethnographic study of middle-class marriages in Calcutta made a distinction between love marriages and arranged marriages that can be helpful here. She discovered the difference between these two rested on an individual's agency in choosing a spouse (2008, p. 83), while Moody sees love marriages as the exercise of choice where young people select their partner with marriage in view. In Smith's (2011) study of the place of love and desire in the varying geopolitical Indian state, women emphasized their agency in selecting their partner across religious and political divides. Abeyasekera's (2016) study of young urban middle-class women's decisions on marriage in Sri-Lanka saw young girls keen to present themselves as the principal navigators of their lives, modern, progressive and thus seen as agentic (p. 2). Abeyasekera (2016) also suggested that choice in the context of marriage was a "narrative device" young girls employed to conceal the burden of agency. Furthermore, a study in Nepal by Mahargan et al. (2012) reported 23% of marriages as love marriages ⁴⁸ with

⁴⁸ From a collective sample of 1,962 respondents.

accompanying calls being made by local NGOs in Nepal to change overlying assumptions of the practice of early marriage. Another study conducted in India by Jejeebhoy et al. 2013 assessing agency regarding decisions surrounding marriage and subsequent marital relations, show that the 6% of respondents who had a self-arranged or love marriage were better educated than those in arranged marriages. This supports the claim made by Jejeebhoy (1995) that education gives more autonomy as seen in Nigeria, where girls with secondary and primary education have a higher tendency to initiate marriage proceedings (Feyistan and Bankole 2002). Thus, the high level of education in this study sample may offer reason as to why there might be a display of agency amongst these girls. Donner (2016), however, argues that although these forms of marriages are mostly seen as a sign of westernization and modernity, in traditional contexts, further investigation can reveal this as a narrative of transforming social landscapes. Most of the studies on love and marriage in relation to early marriages have mostly been discussed in the context of forced or arranged marriages and among the urban middle class in South Asia (Donner 2008; 2016; Kwamley 2014; Abeyasekera 2016). The findings still support and show how in most cases, young girls, even in the exercise of agency to marry for love, still consider parents' views.

The next section provides a picture of how girls who display forms of agency present this decision to parents, how they are able to stand by that decision and how parents respond to the exercise of agency. Parental response is particularly useful to explore against a backdrop of parental investment in education and what these decisions of marriage mean when education is no longer the primary focus. It is also good to explore as the bulk of the literature examining reasons behind early marriage show that parents are at the helm of affairs when it comes to decisions to get married (Mathur et al. 2003; Myers and Rowan 2011; Otoo-Oyortey and Pobi, 2003; UNICEF 2001; UNICEF 2005; UNICEF 2009). However, as the excerpts above indicate, most of the girls in this study personally made decisions to get married after an assessment of their reality. A parental response will be examined next.

5.4 Agency in marriage: Parental involvement

Data analysis showed that the girls, who decided to get married, mainly exercised agency up until the point of negotiations for marriage. Six girls gave accounts of the degree of parental involvement in their decision to get married.

Excerpt 26

Interviewer: Ok so after you met...? Take me through the time you got, married...what happened...

He said that he loves me, and I told him that I will go and think first. I went, think, and told him that I agree. So, he went and met my parents. They discussed, and he paid everything they asked him. So, they talked, and he paid what he is supposed to pay, and they fixed the wedding date (Auta, 19 years old; Interview).

27

Interviewer: How did you get married?

I was the one that took him home (Maira, 23; Interview)

28

Interviewer: What led to your marriage?

I was the one that even asked him to go and meet my own parents. So, they all agreed, and we got married (Amina, 20; Interview)

These excerpts indicate how parents are included in a choice to get married. This suggests an adherence to cultural practices where the potential suitor and the girl's parents are responsible for discussions around the bride price of a girl. The bride price in this cultural context is being transferred from her parents to her suitor's parents, and eventually the suitor for "*labour and reproductive capabilities*", as Anderson coins it (p.158). This shows that the girls exercise agency still with a respect for cultural practices. In understanding parental authority and youth autonomy in marital decisions in Delhi⁴⁹, Twamley (2014) discovered that young people still respect what parents had to say about marriage and wanted them to have the last say (p. 54), and reported that marriages were more of a collaborative effort (p. 56), where respect for cultural practices in

⁴⁹ Her study was aimed at understanding marriage practices of young people in India and in the UK. However, the findings presented in this chapter are from the results of the Delhi cohort.

marrying was adhered to. She also reports that love marriages without the involvement of parents were considered impermissible marriages (p.68)

However, some scenarios were presented where parents opposed the idea of the girls getting married.

Excerpt 29

Interviewer: Tell me about your decision to get married?

Initially, the whole thing contributed to childishness [decisions to marry] even when they [parents] are advising to go to school, we [young girls] it's marriage that we want. (Alipha, 23; Interview)

30

Interviewer: What did your parents say when you told them you wanted to get married?

"...They talk [and] talk and got tired and they left me to get married (Maira 23; Interview)

31

Interviewer: What did your parents say when you told them you wanted to get married

I prefer to marry him. They [parents] should just leave me to marry him. They [parents] are not the one that will stay with him. I am the one that will face it. (Maimuna, 23; Interview)

The girls in the above excerpts point to instances where it is possible that parents are the unwilling party in the case of early marriage as shown above. Although reasons for this unwillingness are not stated here, excerpt 29 suggests that parents may prioritise schooling shown by the demographic data in chapter 3. Thus, parents might be reluctant to give up on their investments in their female children, hence their hesitation or opposition to marriage at an early age, especially when schooling is not complete.

In cases where parental opposition to marriage is noted, two girls report to “becoming” pregnant.

Excerpt 32

Interviewer: What was your parents' choice?

They said they do not want me to marry him and I came and give birth for him and they said it is better for me to marry him, so I don't get pregnant again or before another will come. (Auta, 19; Interview).

33

Interviewer: What happened when you wanted to get married?

They said they don't want him [husband] so when I was at home, I even took in [became pregnant] for him so my parents said it is better we just allow them before they will be another baby (Mafisa, 18; Interview)

In this light, Auta and Mafisa seem to manage to overcome parental opposition through pregnancy. This seems to deviate from the cultural and religious expectations of being a virgin at marriage, showing a desire to be married. These excerpts suggest that although parents may oppose, concessions have been made in a bid to “save face”, still appear in good standing in the community, and prevent further embarrassment by their daughter becoming pregnant again outside wedlock. This further indicates and points to agency in light of opposition, where there is a will and desire to get married. Both of these girls who got pregnant before marriage (Auta and Mafisa) left school at JSS1 (high school) further showing an abandonment of what their parents might consider as an investment, and therefore marrying for personal reasons. Although the girls do not indicate whether these pregnancies were intentional (i.e. planned) or not, or why the parents chose not to consent to marriage to the man who got them pregnant, it suggests how young girls may go ahead with personal plans in the face of disapproval, all in a bid to get to a desired goal. This finding contrasts with one from Israel (Segal-Engelchin et al. 2016 see table 3) where girls in romantic relationships chose to marry in a bid to quieten negative rumours about the romantic relationships and saw marriage as a way to retain their good reputation in the community.

Before concluding this chapter, I will begin to explore the concept of agency after marriage with specific reference to domestic abuse. What happens after marriage by “choice “occurs in settings where submission to husbands is the norm and is expected of wives, young or old.

5.5 Agency in the context of domestic abuse.

Only two participants noted/spoke of the presence of physical abuse in their marriages and described how they responded to it.

Hadija (20), divorced mainly because of issues relating to abuse, has the following to say.

Excerpt 34

.....One day, the last time he beat me I was annoyed, and I ran till to Kaduna [neighbouring state] with baby on my back and I don't know anyone in Kaduna but went there and I met somebody and kept me, and I came back to my parents then they said they [my husband's people] are looking for me to tie me and beat me. He said he went to wamba [neighbouring community]) and he did not see me. I said he has not seen anything that I am looking for money. I took him to court and said I didn't like him that he should free me (divorce me). The bride price was not excluded. At the court they asked me how much my bride price was. I told them it was 10,000 naira. I paid him. That was all. My children are in Lafia [neighbouring community] with him. I got my divorce letter. I am staying with my parents.

Interviewer: How did you get the divorce?

Hadija: Nobody advised me. It was my thoughts. The disgrace was too much so I had that thought and it was my own. (Interview)

In this context, the returning of bride price to the husband signified an end of the marriage with an accompanying letter of divorce issued in a sharia court (a court that operates on the principles of

Islam). The excerpt indicates a desire “to act” following the last incidence of domestic violence that occurred, which implies that previous incidents had taken place. This sees Hadija seeking both refuge with family and strangers, and ultimately becoming an advocate for herself; representing herself in a court so as to gain freedom from her husband. This therefore shows her as one with the ability to continue to make strategic life choices for both herself and her baby in the face of oppression by her husband (see chapter 3, section 3.6 on divorce in Islam). Relating to previous instances of domestic violence, Hauwa advises girl to be patient with their husband when they get into marriage. However, upon further exploration as to what the nature of this patience is, she specifically points to patience in the face of physical abuse.

Excerpt 35

.... Because they [my parents] have talked to him many times about the beating but he refuse to stop. So, they [my parents] asked me that since I decided I'm not going back so what do I want. I said its school I want. They did not say anything. He now came and pleaded with them to have me back and said He won't repeat it so they asked me to go back.....".
[Interview].

These excerpts place the girls as having agency to a certain capacity. They can choose what they want to do but in the absence of *adequate* structural support, their choices can be hindered. Looking at Chapter 2, section 2.3.3), we can see that domestic violence is one behaviour that is normal in the society and is surrounded by a culture of silence. Both girls indicate returning home but are fundamentally treated first as being wives before daughters, where their primary place and role as a wife supersedes any previously held status in their parent's house. In Hauwa's case, family support to continue school is lacking, where a desire to keep with cultural expectations of what a young girl married girl should ultimately do is more the order of the day. This is reflected in the parents not responding to Hausa's desire to go to school upon returning home and advice her to return to her husband's house after an apology is tendered by the husband⁵⁰. Thus, this mainly sums up the attitude and expectation of parents towards their daughters largely in this context; if you get

⁵⁰ Hauwa's parent's non-response to her desire might be looked at in light of economic constraints and not merely a refusal to send her to school.

married; you are expected to stay married, despite domestic challenges. As a general principle, females in Islam are expected to be submissive to their husband as a religious requirement (Roald, 2001). This implies that again, parents again might majorly concede to the display of agency before marriage but this display of agency by the girls is limited after marriage, especially when this exercise goes against cultural and religious expectations, rules or norms.⁵¹ Hereby leaving young girls with little or no support system to tackle seeming challenges that seemingly come with marriage. Furthermore, the patience Haiwa refers to is also similarly found in Mahesh et al. (2016) (see table 3) study, where they found that young married girls would have to tolerate domestic abuse within marriage as they lacked support and would have nowhere else to go to if their husbands left them.

5.6 Conclusion.

The findings in the above sections serve to highlight issues that can aid in understanding contributing reasons or influences in the choice to marry early. Although choice implies the possibility of alternatives (Kabeer 2000), we see here that alternatives to getting married early are restricted. In cases where these alternatives exist (such as education), the structures are not in place to make the alternatives viable. Furthermore, whether this “choice” is informed by pragmatic reasons of economic survival, expectations surrounding the ideal time of marriage, or romantic notions of love as a contributor, we see a continued sense of autonomy, agency and “choice” surrounding this life decision. Although this display of agency can be viewed as constrained, the context in which it is made seems to enable or support these choices to be made where poverty, social expectations regarding timing of marriage and the arguable autonomy derived from education offers a basis for facilitating such decisions. An overall respect for culture is observed in the girls’ referral of suitor to parents, with parents responding to this in various ways depending on the circumstances surrounding the display of agency. Data from section 5.5 also shows that girls are not the only agents, but parents are key as well. In conclusion, the definition proposed of agency in chapter 2, section 2.8 “Agency is the *“sociocultural mediated capacity to act”* thus sees the conditionality of action, how certain factors such as finances and cultural expectations all contribute to a display of agency.

⁵¹ See Chapter 2, section 2.8. The notion of agency exercised within cultural and religious frameworks will be picked up in the discussion chapter

The next sections will present the specific health problems faced by these girls after marriage and will continue with a presentation of the exercise of agency (where observed) as relates specifically to the health seeking behaviours of the girls who participated in this study.

CHAPTER 6: Health, Illness and social relationships.

6.1 Introduction.

Exploring young girls' concept of health and illness is important as it can arguably increase our understanding about how girls talk about illness, how they seek to address this and what experiences they encounter in the process of addressing it. This focus on health and illness can further help to understand not only what it means to be female in this context but to be young and married. Of note, Doyal (2002) argues that women's health is also a reflection of their gendered activities that they carry out in their daily lives and this will be explored as relates to their health. As the WHO (2012) reports, in most African cultures, women suffer poorer health compared to men due to limited funds and access to treatment, and the social roles ascribed to them, which inadvertently predisposes them to diseases. Moreover, exploring health and disease in this social context is beneficial as various authors have suggested that the high mortality and morbidity estimates recorded in Sub-Saharan Africa can be directly linked to people's beliefs and practices regarding health, illness and disease (Okafor and Rizzato 1994). Relating people's beliefs to morbidity and mortality is not intended to victim blame, but rather to provide context, and understand how their beliefs may affect their health seeking behavior. Thus, this study explores health and sickness in context and aims to understand exactly how illnesses are conceptualized, and how being married can inform us of the health needs of a young girl. As this chapter deals with such a broad issue (i.e. health and illness in the life of a young girl), the sections will be broken down into three distinct parts, each addressing a specific subject relating to health and illness. The first section will set a foundation and begin with an analysis of the general constructions of health and illness held by the girls in this study. I will also analyze some of the potential influences of these constructions. Here, I argue that it is important to situate these constructions within broader socio-economic contexts as it can help to reveal the underlying influences of these constructions, and how, (if at all), these constructions affect health seeking behavior. This analysis will also briefly touch on the concept of wellbeing, understanding that wellbeing is inclusive of health, as the absence of illness is not the same as being healthy (Hughner and Kleine 2004). More discussions on wellbeing will however be picked up in the next chapter.

The second section specifically presents the common illnesses that are faced by young married girls and analyses their choices of health care providers from three alternatives: local chemist/PPMV, hospitals and traditional healers. These choices illuminate the nature of health care in terms of both the quality and quantity available to young girls here. By looking at health and illness, we also see how young married girls make sense of illnesses, and explore health culture, i.e. the logic behind actions, knowledge of illnesses that they experience, and preventative and curative actions taken to address these. Furthermore, Conrad and Barkers (2010) also report that cultural meanings that people ascribe to illness or how illness is perceived, may subsequently affect the way in which they are addressed. Examining health and illness in this context not only assists in helping to understand the context in which they live but can also specifically shine a light on what it means to be a sick woman. Thus, the chapter will include a discussion of gender roles and their impact on the lives of young married girls. The third and last section highlights the experiences of childbirth in the life of a young girl. Childbirth is a central experience of young married girls who are under pressure to prove fertility to their new families, and it acts as an important marker in the transition to adulthood as a new wife. This section further explores decisions around health care at this time, and the way in which social relationships come into play. It is important to focus on experiences of childbirth, as childbirth not only represents a physiological event, but also captures the birth experience (which is socially constructed) and occurs within a social context which is shaped and influenced by the perceptions, practices and beliefs of that culture (Liamputtong 2007). Thus, this section will help to understand how childbirth and its management occur within this context. Attention will be paid to cultural norms and beliefs, as these are reported to be some of the most dominant and significant influences in a woman's life, as they directly affect her decisions at this critical time (Evans 2013). This analysis of girls' experiences of maternity care, and actors which provide care, can further reveal the nature of health care provision, and thus illuminate the structure of the health system in this community.

I conclude this chapter by examining various relationships in a young girl's life, especially the nature of the relationships between the girls and their husbands, and how relationships matter for the health of girls and their children.

The next section will explore various constructions of health and illness and analyses what informs, or influences, said constructions.

6.2 Constructions of Health and Illness

Various authors have argued that every society's definition of what it means to be sick is underlined by social, cultural and moral values, which influence beliefs around health, illness and overall well-being (Kleinman 1980; Hughner and Kleine 2004). Thus, we can say that health is a socially constructed concept and how it is interpreted or conceptualized depends on the culture, history and/or religion of that community of interest. This suggests that meanings of health and illness are culture specific and thus will differ per context. This background ties in with a constructivist view (adopted by this study – see chapter 4), where the contextualized knowledge (i.e. participant's view of a subject, issue or concept) is underlined by historical and cultural influences, among others) acts as a way of assessing reality. Exploring constructions in this light will help in understanding how young girls frame, and discuss health and illness, and their subsequent actions or responses. From exploring the discourse around health and illness, we can also possibly distil the societal/socio-cultural influences, which will begin to paint a broader picture of what health means in this context. Good policy response as well as relevant and justified services (Ford et al. 2011) are also some of the by-products of understanding health constructions, especially in the area of adolescent health, as an internationally agreed consensus for measuring or assessing adolescent health is lacking. Thus, understanding these constructions will facilitate streamlined services targeting not just adolescents and young people, but young married girls, as their accounts will provide a better understanding of where they are, and how best to cater to their needs. Thus, these perceptions of health and some underlying influences, are presented below.

In a focus group discussion, the following conversation ensued around health as a concept and its meaning.

Excerpt 1

Interviewer: What does it mean to be healthy?

P6: Health means you are okay in your body, in your mind. When you don't have anything disturbing you...that is what is referred to as healthy life.

I: Can somebody add to that? Maybe two more people?

P5: Maybe it is when you are very ok. You can say anything at any time for example, we came here alone. You too if you are not healthy you wouldn't have come to talk to us.

P2: At that time, you are sick you won't be able to do anything. You won't be able to walk.

Even for you to stand up and cook... it will do [cause] more sickness. (P7 Hmm.)

P5: You won't be able to stand up and help yourself and so any work. It can lead to more sickness.

P8: It can lead to more sickness like ulcer.

P1: Maybe if a day I wake up and I don't feel headache, body pain or weakness of the body I feel I am healthy.

P6: you get money anything you like you eat

P3: if you have rest of mind

P4: If you have a 1,000 naira note you will be healthy. (Laughter. General) ⁵²

P6: Ah you get money no wahala [No problem]

P4: ... (Still laughing) If person get money fa⁵³

P8 If I get money I eat what I want... good food and maybe in my husband's house He gives me rest of mind then I feel healthy.

⁵² I will make more of a case linking money to health in the paragraphs below.

⁵³ Fa- represents a word that signifies a question mark in the Hausa Language.

Excerpt 2

Interviewer: What do you mean by when you have health?

What I mean by me have health... When I wake up in the morning and I feel my body is very alright for me. That means you have health and sometimes you wake up you feel your body is doing somehow that means you are not healthy. That is a sign to show that you are going to have sickness...when you wake up and you feel you are weak (Assibi 23; Interview).

In the above excerpts, participants reference many indicators that can suggest that a girl is healthy in this context. Daily personal assessments, e.g. *When I wake up in the Morning...* are seemingly made with direct attention to certain perceived physiological states such as “headaches “and “weakness”, which provide daily indicators and show the presence or absence of health. The use of a particular sickness or lack thereof to confirm a state of health was also noticed in Glozah’s (2015) study with adolescents in Ghana, where malaria and inadequate sleep contributed to the construction of health and wellbeing. These specific states can help us begin to understand and see what exactly viewed as an illness, or what circumstances can be deemed as an absence of health. In other words, various categories of people might have various physiological states that signal ill-health in various contexts.

The statements made by a participant in the FGD, “...*You too if you are not healthy you wouldn’t have come to talk to us* “and “... *you won’t be able to cook*” also indicates that the health might be attributed to the ability to perform day to day activities, like moving from place to place, interacting with members of the community, and performing daily chores. These tie in with health being constructed within a functional capacity. This is evident in Torsch and Ma (2000) where the ability to carry out roles and responsibilities, including daily tasks and household chores, was seen as an indicator for health. Glozah’s (2015) work in Ghana also showed that adolescents equated

health with the ability to perform daily function, which is an element or a characteristic of optimal functioning and flourishing (Fredrickson and Lasorda 2005).

Girls in this context do not only refer to the physical indicators of health but also to emotional aspects as an indicator for health: "... *When you don't have anything disturbing*" and "*You have peace of mind*". This was also evident in MacInnes and Milburn's study (1994), where the absence of worry was an indicator for good health. As noted in excerpts one and two, participants' constructions of health and illness contained references to both mental and physical cues i.e. "*being weak, headache, "...peace of mind*". This interaction of both mind and body is indicative of an integrative model of health with the merging of mind and body as a strong component (Bendelow 2009). This points to a more holistic view of health with incorporates mind and body and not just the body alone.

Common across the sample, participants also indicated how people other than themselves influenced their construction of health.

Excerpt 3

Interviewer: What kind of health issues do married women face?

Salatu: As married women, one of the health issues is it's only your husband that can betray you. But for an unmarried girl she has many friends if one doesn't come, another will meet her need. That will cause disturb in your mind and that is a sickness...because it is in your mind [mind of the girl].

Interviewer: How can a husband betray his wife?

Salatu: For example, clothing. If you are expecting a man to do ...and he doesn't do it is a betrayal. (Salatu, 20; Interview)

In Excerpts 1 and 3, both participants refer to health as being dependent on their interactions with others. This indicates that the health of a girl is not only seen as dependent on how she feels but is also broadly influenced by the relationships with people within her "circle". She also makes contrast to life as an unmarried girl, where she suggests a married woman has limited opportunities

for relationships with others (e.g. friends), and hereby possibly espousing relationships with others. Thus, health is not an individualistic concept, but is connected to familial relationships (McKague and Verhoef 2003), and in this case specifically that of her husband. This raises the issue of how things like unmet expectations or abdicated responsibilities in general can affect the health and emotional wellbeing of a young girl. In excerpt 1 also, the idea that someone's health can be dependent on another person is highlighted in the statement "...*maybe in my husband's house. He gives me rest of mind then I feel healthy.*

In this context, young girls also linked the provision of basic necessities to feeling or being healthy; as noted by Salatu above (i.e. clothing), and in excerpt 1 where respondents referred to money as a determinant for health (having money so you can buy good food, and also as an assurance of peace of mind). Material issues, specifically related to money are also referred to in the excerpts below.

Excerpt 4

Interviewer: Ok. Alright so when you fall sick? Can you think of any other things that cause you not to feel fine maybe in your mind or in your body? Any other thing?

P: Maybe when we don't have money

P: Or when we are thinking

P5: Lack of money can make you not to be feeling fine inside you.

Interviewer: so what kind of things will you be thinking...? If we can go one by one

P3: If you don't have money it's something that makes you feel you will not be feeling fine (Mmm ...Mmm)

P4: Yes, even if you want to go on visitation don't have money to embark on such thing it's a problem that will make you think of such things. Money is a part of life.

Excerpt 5

Interviewer: What makes you happy?

Halimatu: Well... Sometimes if you are healthy and your children are healthy and if you have something doing you are getting money you will be happy.

I Ok your children are healthy (H: Yes) and you, you are healthy (H: yes). How will you say my child is healthy?

Halimatu: I used to see them laughing, playing, and jumping from one place to another.

Here, a lack of money here is highlighted as a cause of ill-health, where this lack affects how one feels inside. As noted in the FGD above, other participants also indicated the presence of finances as an assurance of being healthy “*If you have a 1,000 naira note you will be healthy*”. This was further highlighted through a participatory method, a simple diagram (depicting what a happy girl or a sad girl looks like; participants indicated that a married girl will be *happy* when she has money, illustrated with a 50 naira note (approximately £0.16p). So, health is seen as more than happiness (which is a form or an aspect of subjective wellbeing). Health is not interpreted in purely physical form. This might suggest that girls deem money important for wellbeing. How this money affects the wellbeing of the girls is further explored in the next chapter. Furthermore, the participant in excerpt 4, “... *even if you want to go on visitation don't have money to embark on such thing it's a problem that will make you think of such things. Money is a part of life*” might also highlight another importance of social relationships. Visitation in Nigeria or making informal visits to others within or outside the community is an important part of life as it helps to maintain and solidify relationships. Thus, when a girl does not have money to facilitate maintaining or establishing social relationships (money for travel, small gifts for the household one is visiting), this might affect the wellbeing of girls. Segal-Engelchin et al.'s (2016) study in Israel (see table 3), reported that a lack

of financial security was one of the prices of marrying early where girls reflected on their current state of marriage.

The excerpts below which were common across the group also begin to illustrate how exactly money (which influences health) is used to buy food i.e. basic necessities.

Excerpt 6

Interviewer: What kind of things do you use money for?

Assibi: If there is money there is nothing one cannot do. Yes, everything is money. If you have money you will all eat good food.... healthy food (Assibi, 23; FGD).

Excerpt 7

Interviewer: You said it is good to have something strong [money] to handle problems.

What kind of things came up in the house that you wish you had money for?

Fareeda: Like the need in your house. If he [husband] gives you money for food and the money is not enough. If you want to cook good food you will use the money to buy ingredients (Fareeda, 20; Interview)

As seen above, the association between happiness and health is linked to the availability of money as seen in excerpts 1, 3 and 4 as indicated in the PRA exercise. These resources, as stated in excerpt 3, further assist in providing basic necessities as Salatu indicates where clothing is essential, and food is also mentioned in excerpts one and six “*you get money anything you like you eat.... and “If I get money I eat what I want good food and maybe in my husband’s house He gives me rest of mind then I feel healthy”*”. Thus, financial resources are deemed relevant to health.

In addition to physical and emotional aspects of health, as well as a need for financial resources, participants also hinted at a view of health where they placed importance on God as the one responsible, or in charge, of all things that are related to their health. This is evidenced from the excerpts from a FGD below.

Excerpt 8

Interviewer: How do you think you can live healthy lives? How do you think you can be healthy?

P: No how you will exist without temptation of sickness, so God tempt you in any way

P3: Another way is to eat good food

P1: No, it is only God

P6: No, it is only God

P4: God

P11: Others can try but it is God that can help you

P6: Apart from God is the ultimate, he is the one that causes sickness and heals sickness and apart from that one And as long as you have life there is no how you will live without trial. You must fall sick. `

The statement “*apart from God as the ultimate who causes and heals sickness*” indicates that the spiritual beliefs around illness are not just a source to rely on when there are health problems, but also form general beliefs about illness. This means that God plays an important role in the way people speak about illness. Thus, religion and spirituality are seen as core elements of overall health (Bartocci and Dien 2005; Sered 2007; Callister 2010). In Chapter 5 of this thesis, we also see how girls engage with the concept of God as central to the rationale for marrying at an early age, and it is also crucial in their overall choices to get married (See Chapter 5 section 5.3) Thus we begin to see how the God is not only the one responsible for illnesses, but also the orchestrator of life events as a whole. This concept of God in charge of life events is also reflected in studies such as by Peek and Sayad (2008), among others.

Another form of spiritual attribution centers around beliefs of traditional causation (de-Graft Aikins 2004) or spiritual causation of illness. This was highlighted in this study where a participant (in the excerpt below) indicated that she believed the cause of her illness was a result of “something” that had been done to her by people in her community. Speaking of going to a

traditional healer when she was sick, she begins to reflect on how these healers hold much power in other aspects of life.

Excerpt 9

...But the time wey [when] I wan [wanted to] marry, one man come tell my mother say for Zaria [big town] one mallam [religious leader], these people for our village do it for me [they caused it]. Because that time when I want to marry my parents and that girl parents [the parents of a previous love interest of Binta's husband] they fight... They fight toh I don't know. Because if God will not do anything for me, nobody can do it so. (Binta, 21; Interview)

Binta's account of the perceived existence of personal enemies desiring one's downfall (Adams 2005) using some spiritual means to cause sickness is the only one recorded in this study. However, this belief is one that is reported in many African settings, with a study in Ghana showing that 60-90% of people surveyed highlighted that personal enemies affected beliefs around one's health (Adams et al.2004), as did other studies in Nigeria (Skolnik 2000; Jegede2002). Thus, belief in 'personal' causes of ill-health among girls is common among some participants. This perception of causes of illness can shed more light on "cultural grounding" of experiences (Adams and Salter 2007, p. 548) as pertinent in contributing to theories of health within similar contexts. So, God and spiritual forces are seen as both the cause of illness and the potential cure, "*if God no do anything for me nobody can do it*" and "*Apart from God is the ultimate, he is the one that causes sickness and heals sickness*". These views begin to border on fatalism, which is the belief that situations, e.g. Illnesses or devastating events, either occur because of a higher power or they are just meant to happen and cannot be evaded (Talbert 2008). Thus, although they mention good food as well as money contributing to health, references to God and a higher power contribute to the understanding of health in this context.

Although this section has highlighted how young girls construct health and illness pointing to various indicators (physical, emotional, financial and spiritual), the next section highlights a

seeming hesitation or apparent reluctance to be labelled as sick and what this means construction of health and illness.

6.2.1 Sounding fine

A certain way of framing being sick was noted where some participants seemed to hesitate (initially) to say what sicknesses they suffered from. About four of these girls also seemed to downplay the relevance of any past or current ailments that they might have had.

Excerpt 10

Interviewer: Can you tell me about the sicknesses that you've had since you've gotten married?

Zarah: since I got married, I have not faced any health problem.... except headache. Of recent, they [nurses] said I have typhoid. (Zara, 20; Interview)

Excerpt 11,

Interviewer: Can you tell me about the last time you were sick?

Salatu: Truth is I don't have any sickness disturbing me.

Interviewer: Last time you were sick? What was disturbing you?

Salatu: No. maybe its fever. Like yesterday by this time, I was lying down (Salatu, 20; Interview). P4 Sometimes if you are sick you can tell people you are close to you and they will understand and not feel it is laziness if they know you.

Their statements “*since I got married I have not faced any health problem*” and “*truth is I don't have any sickness disturbing me*” might suggest a hesitation to claim to be ill, or downplaying sickness, since it is unlikely that for the two years that Zarah was married, she did not face any illness (even minor) at all. It can also suggest that health problems are something big. Her recounting of the illnesses could further suggest a reluctance to be labelled as sick. The above conversation means that in some cases, when a girl indicates that she is sick, she can be seen as

lazy. This perception of a sick girl as a lazy girl will however be held by those not close to the girl which means that a girl will most likely only inform people close to her of her sickness. Although this is a fairly basic and obvious point (i.e. you only tell people you know that you are ill), it can raise questions as to who a young married girl considers to be someone that is close to her. Who are the people in her circle she can tell of her illness? It also raises the question of what forms of illnesses are being masked, covered up, or downplayed by young girls, in an effort to be seen as strong hardworking women in the community.

An interview with Maira, 23, illustrates how illnesses which are presented or discussed at first can further reveal deeper health issues.

Excerpt 12

Maira: I am feeling nothing apart from stomach pains. Apart from that, nothing.... If I want to wash [clothes] that's when I will feel it.

Interviewer: Did you go to the hospital?

Maira: Yes

Interviewer: What did they say the problem was?

Maira: Since I did operation, this is my third time...I had miscarriage problems. I was pregnant, I had a wound. In my stomach and they operated and did something in me. I don't know the problem.

This excerpt further indicates when an illness is being presented at first, it might be indicative of something more serious. Although she experienced stomach pains and was quite adamant about no other sicknesses that she faced. "...*Apart from that, nothing.... If I want to wash [clothes] that's when I will feel it*", further probing revealed that the cause of the stomach pains related to operations that she had had earlier. Although this (miscarriage) is a sensitive issue, and most girls or women might feel guarded about discussing it, this excerpt shows that what might be presented at first can be an indicator of other health issues. This section has shown how various constructions of health and illness relate to the ability to function, and how peace of mind and the

availability of money play a vital role in the understanding of health and illness in the lives of young girls. We also see a hesitancy to be labelled as sick.

The next section highlights some common illnesses that have been identified by the girls with a particular emphasis on how decisions are made surrounding these health issues.

6.3 Common Sicknesses and decisions around health care

6.3.1 Common sicknesses

In the course of interviews, FGDs and participatory techniques (Body Maps and Health Curative Matrix- refer to section 3 in Chapter 3 for Full description), participants mentioned a number of sicknesses or ailments that were common to them.

Table 10: Common Sicknesses identified using methods of data collection adopted.

Participatory Techniques (Health Curative matrix, Body Maps)	Interviews and FGDs
Ulcer	Headaches
Back pain (<i>Chiwon baya</i>)	Spleen (<i>Saifa</i>)
Pile	Back pain
Ear pain (<i>Chiwon Koni</i>)	Typhoid
Stomach pain (<i>Chiwon Mara</i>)	Malaria
Common cold (<i>Muna Tari</i>)	Pregnancy pains
	Miscarriage
	Fever

In addition to these illnesses, other forms of sicknesses were identified through participatory techniques, which were not mentioned in interviews and FGDs, such as

Yoyon fusari- Vesico vaginal fistula; also referred to as “*pregnant blood coming out*”

Vaginal discharge

Cancer of the breast.

The diagram was “interviewed” and these illnesses were discussed, and it was noted that they were not common to the girls in this community, but to married girls as a whole. However, this indicates that young girls might feel more comfortable flagging up or discussing seemingly sensitive subject matter (such as vaginal discharge) which has to do with sexual organs, by adopting participatory techniques rather than interviews or FGDs (O’Kane 2008). Participants also seemed to categorize these illnesses according to perceived severity, pertaining to beliefs about the seriousness of a disease, and feelings related to the consequences of a medical condition (Janz et al. 2002). This therefore means that the treatment of illnesses might be pursued based on perceived severity (see chapter 2 on the health belief model). The health curative matrix presented in Table 11 below offered a way of showing how young girls deal with these illnesses and where they turn to. The common sicknesses were listed and three categories of dealing with illnesses were developed by the girls, which they felt represented the overall picture of their health seeking habits in the case of an illness. In developing the categories with which to assess where girls go for treatment, it is important to note that various ethnic groups develop treatment strategies for the illnesses they encounter (Akpomuvie 2014) or develop alternatives to orthodox treatments. In a comparative discourse on orthodox and indigenous practices in Africa, Atemie and Okaba (1997) contend that in order to understand the social cultural context in which these alternatives exist, an understanding of the structure of the African health care institution per context is needed (p 56, refer to Chapter 3 for description of detailed health care system in Nigeria). Hospitals largely refer to health centers within the private and public health sectors, where the private health sector consists of primary health centers as well as larger public health centers. Chemists are also generally referred to as proprietary patent medicine vendors (PPMVVs), defined as “a person without formal training in pharmacy who sells orthodox pharmaceutical products on a retail basis for profit” (Brieger et al. 2004, p. 178). They make up a substantial portion of the health care system in Nigeria, with about 200,000 reported in 2005, compared to 2,639 retail pharmacies in the country (Africa Health Workforce Observatory [AHWO] 2008). The Ministry of Health in Nigeria also categorizes them as retailers in areas with restricted access to essential health goods and services (Barnes et al. 2008)

both in urban and rural areas (Salako et al. 2001; Oladebo et al. 2005). This means that they provide a relevant, feasible, and in most cases pragmatic choice of health care in areas that do not have formal health facilities.

Traditional healers are also mostly without orthodox medical training but are individuals who treat diseases based on knowledge of herbal remedies, spiritual guidance and counselling, rather than emphasis on cause of disease and treating of pathogens (Huber and Gillaspay, 2000). The knowledge on illnesses held by these healers is not documented in training, but mostly passed on orally from individuals to individuals or generation to generation (van Wyk et al. 2000). They generally charge less than health facilities, and so are so deemed to be more economically friendly (WHO 2003). They make up an integral part of the Nigerian health care delivery, as 70-80% of Nigerians rely on their services (Offiong 1999). The way in which girls use these health care delivery services is illustrated below, highlighting the type of health care delivery sought according to illness encountered.

Table 11: Table Indicating Health Issues and Various healthcare options

Health issue	Hospital	Chemist	Traditional Healer
1. Ulcer	S	O	N
2. Back pain	O	S	N
3. Pile	N	S	O
4. Ear pain (<i>Chiwon Koni</i>)	S	O	N
5. Stomach pain (<i>Chiwon mara</i>)	O	S	S
6. Headaches	S	N	O
7. Malaria	O	S	N
8. Typhoid	O	S	N
9. Common cold (<i>Mura Tari</i>)	S	N	O
10. Meningitis (<i>Sankoro</i>)	O	N	N

Key – S: Sometimes; O: Often N: No

The table above shows the result of a Health Curative Matrix (see description in Chapter 4), and subsequent interviewing of the diagram created during the participatory session was carried out. The list was generated by the girls indicating what they did when they faced health issues. Participants indicated that sicknesses such as ulcer, back pain, stomach pain, malaria, typhoid and meningitis were those dealt within the hospital, as they were perceived to be severe “*stananin ciwo*” (meaning severe in Hausa) because of the way they hindered their ability to function on a daily basis. Sicknesses such as ulcers, ear pain, piles and headaches were seen as those which were addressed by the local chemist. Although headaches were mostly highlighted to be treated by the traditional healers in the health curative matrix, analysis from interviews showed that participants often frequented local chemists for this illness too. This might further indicate personal preferences for healthcare as opposed to those identified within group settings. Also, traditional healers as a source of healthcare, were not very prominent in interviews and focus group discussions. This suggests that hospitals and chemists are arguably the go- to services for health

care in this context, or at least it was what the participants felt comfortable telling the researcher. Easier access to chemists, for example, in other studies, has been attributed to long opening hours, availability convenience/closeness to home, and potential for buying on credit (Amin et al. 2003; Brieger et al. 2001; Wafula et al 2012).

The choice surrounding these three forms of healthcare highlighted above and explained in chapter 3 are explained further below.

6.3.2 Choice of hospitals.

Participants further identified many health facilities which they patronized under the category hospitals. The letters below will represent the following hospitals referenced by participants during data collection.

Local Primary Health care center (within the community) – L

Neighbouring healthcare center- AG

Two larger hospitals in neighboring bigger towns – W & O Hospital (Biggest in that area)

Some participants in this study suggested that seeking healthcare within a hospital was borne out of a desire to be assessed thoroughly by the health professionals, whereby all probable causes for ailments were explored. When asked about their experiences at hospitals, or why they liked to go to hospitals, the following participants has this to say:

Excerpt 13

Jummai: What I normally experience in the town... when I go to W general hospital, doctors will ask so many questions. " what is this? what is that?" After saying it, he will give you drugs. In AG hospital, the first thing the doctor does is to test you before giving you any prescription. (Jummai, 20; Interview)

14

Hospital is good because when you go there they don't just admit you they examine you and know what your problem is before prescribing anything for you

15

I prefer to go to the hospital because when I go and tell them my problem they won't just give me medication. They will do some tests for me and know what my problem is before they give me some drugs. (Maimuna, 18; Interview)

Thus, this preference for hospitals due to consultations rather than just prescribing of drugs might further suggest why hospitals in the matrix diagram are the form of healthcare girls often use in the event of most illnesses. Although traditional healers and chemists offer cheaper options in terms of healthcare, they might not have adequate knowledge of causation and treatment, and the excerpts above indicate that some participants would prefer a more thorough assessment of treatments in lieu of cheaper, and in some cases more accessible, alternatives.

However, within the preferred choice for hospitals, distinctions were being made between the local and other surrounding health facilities, which further influenced decisions regarding the particular health facility patronized by participants. Participants generally shunned the local health facility, citing various reasons relating to the human resources in the local health center.

Excerpt 16

Interviewer: Have you ever gone to this L (health center) before?

Salatu: I never go there Hmm! I don't go to L (local health center) ... Before I used to go to the in the morning, we will not see the doctor till evening (Salatu, 20)

Except 17

Interviewer: where do you normally go when you are sick?

Jummai: I used to go to hospital in W general, AG Private hospital.

Interviewer: Do you go to the PHC in the community?

Jummai: (shaking head emphatically). You never meet the doctor. You must go down and wait. We will have to look for them, they will start calling them when the need arises.

(Jummai, 20; Interview)

Excerpt 18

Interviewer: Do you ever go to the PHC in the community?

Fareeda: No.... Many times, it is because their houses are near, and you will see somebody on duty at home so for me to waste my time it is better I go to W (Fareeda, 20; Interview)

These participants refer to the noticeable absence of health workers, in particular the doctors, as an obstruction to accessing services there. They further highlighted their preference for other health facilities which were both bigger in size and had available staff within the facilities.

Excerpt 19

Yes, they (W) have doctors, plenty doctors. They will not waste your time; they will solve your problem now. But this primary health care if you go there they will say let them go and look for the doctor. Before they come maybe you will dieI used to go to W because there is doctors. Here if you go to this primary healthcare you will go there you will not see anybody (Maimuna, 18; Interview)

Excerpt 20

I go there direct (W). This PHC what do they know? At times if I go I don't see them. They will just be wasting time. I went there once, and I didn't see any body, so I just don't like wasting my time going there. In W even if there is no doctor you will always see people that will attend to you before you see a doctor (Maira, 23; Interview)

Excerpt 21

This place, their problem is that you don't meet them. The other health center is better you will go to where you will go and meet them, and they will pay attention to you (Zarah, 20; Interview).

These participants highlight the preference for the other hospitals with available staff, whether doctors or other healthcare workers, which might indicate the likelihood that they will be attended to, as presence of staff does not always mean one is attended to in this situation.

Excerpt 22

Bring doctors. Even drugs we don't get in time. We go to the hospital. They waste our time. If they know their work, they will be present there. (Maira, 23; Interview)

Some participants also pointed out what could be done to improve the local health centers, stressing the need for availability of doctors and prompt delivery of drugs. These factors in general might indicate why young married girls, although they preferred thorough examination, in these contexts might resort to traditional healers and chemists. Maimuna also presents a lot of critical reflection and strategic thinking in her choice of healthcare.

In some cases, the non-availability of drugs at local health centers also means that they might be “forced” to go to other hospitals which are further away in a bid to get treatment.

Excerpt 23

Here they don't get drugs and sometimes they will say that you are not many [are not many who came to patronize them] so they can't open the drugs, or they will spoil. So, we will go to Wamba directly. They [local health center] don't have drugs like they big clinic in Wamba. Sometimes only if children reach 9 months they will give you immunization. They will not give us before that and they will say we are not much and the drugs will spoil so I prefer to go to big clinic in Wamba.

This excerpt above suggests that staff members at health facilities as keeping the drugs until there are enough patients before can be opened. This means that some treatments might be delayed until “acceptable” numbers patronize the health facilities. The non-availability of staff members in the health facility can be linked to quality of care available, which shows that women might experience delays in seeking health care, which might lead to poor outcomes (Mselle et al. 2011). As noted in this study, the girls decided to go to other health facilities where they would be assured of being attended to by doctors and nurses. Studies show that women will patronize other health facilities if they perceive the quality of care is better, no matter how far the distance (Milga et al. 2003). This raises an additional issue as girls in this study would generally take public transportation to another health facility (20-30 minutes away), whereas if a robust primary health center was available, funds (i.e. cost of transportation) could be easily diverted to something else in the life of a young girl.

6.3.3 Choice of chemist

In the community where this study was carried out, the “chemist”/ PPMV to whom the girls mostly referred, was a boy of no more than 15 years of age who worked in the local pharmacy close to where I resided. While we can deduce that this boy did not have any form of training in pharmacology, this is not uncommon in this region, as this business can be seen as a form of family trade where knowledge can be passed down from generation to generation. This form of passing knowledge down is not that different from traditional healers (De Silva 2013), where knowledge passed down from generation to generation is also common. This, however, raises some questions about the safety of prescribing medication by untrained individuals. Studies have shown that PPMVs commonly have low knowledge of pharmacological and safety guidelines (Obitte et al. 20007; Aniebue et al. 2010; Auta et al. 2012; Awodele et al. 2012), poor knowledge of drug administration, drug interactions, or/and side effects (Auta et al. 2012), and mostly carry low quality drugs. Although they make up part of the health service delivery in Nigeria as recognized by the MoH, the safety of patronage of these PPMVs is still in question.

Despite the lack of training and safety issues, participants in this study spoke of their patronage to local chemists and indicated some specific illnesses which led them to seek out this option of health care.

Excerpt 24

Salima: If I have headache, abdominal pain and catarrh. These ones I get tablets from the chemist. For headache, I get Bosca, for abdominal [stomach ache] I get Amplyclox, for catarrh get paracetamol

Interviewer: The drugs you mentioned how do you know the specific drugs to get?

Salima: Toh when you go to the hospital, they will give you it with other drugs (Salima, 15, Interview)

Although some of the sicknesses mentioned are common, Salima's way of associating drugs with symptoms which might mirror similar illnesses shows how detailed knowledge of medication indicates frequent patronage of these chemists. Her account begins to highlight the problems that exist in the term lay when describing health beliefs of ordinary people as Shaw (2002) argues, people generally adopt expert explanations of their health (p. 292). Tracing the development of the study of lay beliefs of health and illness, Prior (2003, p. 44) argues that the term "lay expert" is an oxymoron as the term "lay" implies a non-expert and the term "expert" signifies one with specialized training in his or her field. So, while people may have knowledge of their bodies, as well as medications prescribed to them and procedures carried out on them (Popay et al. 1998; Monaghan 1999; Atkin and Amad 2002; Emslie et al. 2002), they may not have the expertise that comes with understanding disease causation or medication dosage (Prior 2003). Although the excerpt above does not necessarily address health beliefs directly, it shows how Salima's interaction with health professionals informs her decisions around her own treatment which might influence her beliefs around illness. It also borders on what has been termed the "expert patient", where such individuals have been described as those who can direct the way their illnesses are being handled by acquiring knowledge that is relevant to sustain health and combat illness (Shaw 2002). Although this term is mostly used for people with the long term and chronic illnesses

(Kielmann and Cataldo 2010), it can still be applied to cases where people who might have frequent and recurring sicknesses have more knowledge about their conditions and the usual medications prescribed to them. This means they can adopt a position of knowing what to do when usual symptoms appear. Again, Salima's knowledge of specific drugs to get by virtue of her exposure to medication "*Toh when you go to the hospital they will give you it with other drugs*" (maybe the same medication over time), might set the foundation for her ability to patronize the chemist for specific drugs for specific illnesses. Thus, her interaction with hospital staff, doctors or nurses who dispense drugs, can lead to her seeing herself as one capable of knowing how best to manage her illness.

A few girls in this study also highlighted the nature of relationships that might exist between themselves and chemists in their community and explained what they expected from these healthcare providers.

Excerpt 25

Interviewer: Think back to the last time you were not feeling too strong⁵⁴. What was the matter?

Halimatu: Headache. I used to feel headache I used to go to the chemist and buy paracetamol. Sometimes I feel cold. My, I will be shivering... I used to come to the chemist. To tell them that this is what I am feeling. Then they will now just give me some drugs. Hmm. If I feel it I used to lie down after some hours if I don't feel relieved, then I will now come to chemist. (Halimatu, 23; Interview)

Excerpt 26

Interviewer: What kind of sicknesses do you face?

For me the kind of sickness I feel is stomach pain and headache I don't know what causes it I used to go to the chemist and get drugs. I just tell them that I have stomach ache

⁵⁴ Local term used in this context to describe sickness.

and they give me medicine. I used to tell them what is wrong with me and they give me different medicine. (Rakiya, 19; Interview)

Rather than direct the exact treatment of their illnesses, the girls above indicate that they leave the assessment and diagnosis of their illness to the local chemist, who further prescribes drugs for their conditions. Apart from being a feasible and pragmatic choice of health care in this context, this signifies a level of trust accorded to these chemists, whereby the girls arguably believe that their ailments will be diagnosed, and adequate treatment given. Although chemists provide much needed care in areas with restricted service, a range of literature indicates that they are unlikely to direct or instruct their customers on proper administrations, side effects of drugs purchased, or provide opportunities for referral for further treatment (Brieger et al. 2004; Uzochukwu 2011)

Reflecting on excerpt 12 where Maria's initial labelling of stomach ache had its root cause in an operation relating to three miscarriages, it is possible to infer that a seemingly routine sickness presented to a chemist might have other root causes that might not be properly investigated. Therefore, a lack of adequate and appropriate attention will not be accorded to that ailment. The case in this study is further exacerbated by the fact that a young boy is the local chemist in this area, who is unlikely to have adequate knowledge on pharmacology.

This section has highlighted the various choices that exist in terms of healthcare for young married girls. It has also shown the reasons that might be behind these choices and how girls highlight their preferences in these choices.

The next section explores the nature of social relationships in the life of a young girl and how these might affect or influence health outcomes.

6.4 Forms of telling: Dynamics of social relationships

In assessing how and whether girls talk about their experiences, most of the participants indicated that they would normally tell their husbands when they fell ill. This general principle of "*Gaya/ Fadi-* (means telling in Hausa). This is explained in the excerpts below.

Excerpt 27

Anytime I am not feeling fine I must tell him before I go to the hospital; because I am under him. (Maimuna, 18; Interview)

Excerpt 28

The hard part is that when I am in my father's house I can do what pleases me ... a girl that is married needs permission. You must seek permission for where you want to go. Permission must be given. (Zainab, 23; Interview)

These excerpts indicate some participants defer to the authority and permission of husband in moving around the community. Zainab comparing her current status as a married woman to when she was single, provides further background to “telling” in this context, where she indicates that being under her husband is different from being in her parents’ house, as the latter requires more supervision. This is in line with cultural expectations in the Hausa culture where women are generally required to seek permission from their husbands in matters relating to their movement within and outside the house and the community at large. This is a common notion in Islamic law whereby a husband’s permission is sought, which means “the husband’s house to which a woman, in case of unlawful desertion, must return” (Wehr 1980, p. 573). Although both girls who made this statement decided to marry by choice, it might indicate that a woman, although exercising agency before marriage, might not be entirely free to make decisions surrounding her mobility, and this might have implications on her ability to access timely health interventions. This is also in line with the practice of *Purdah* as seen in chapter 3, where women are restricted from movement which has implications for healthcare (Steven 2007).

However, “telling” might also reveal a somewhat strategic motive employed by the girls by informing their husbands of their illness.

Excerpt 29

Interviewer: Think back to ...a time you were not feeling well. What happened?

Maira: It's fever. If I am feeling fever, I tell my husband. I don't tell another person. I feel I will tell my husband.

Interviewer: What happens when you tell him?

Maira: I tell him. If he sees that it is serious, he will go and buy drugs for me. If it is serious, he will look for a car to come to the front of the house or we will go to the main road and board a bus to W [closest town with big hospital].

Interviewer: Are there times you are not feeling well and don't tell him?

Maira: Yes, there are times like that I don't tell him. Maybe if he is not around. There is nothing I don't tell him. If he is not around, I don't tell anybody. (Maira, 20; Interview)

Excerpt 30

Salima: I tell him that I am not feeling fine. Sometimes he will say God should give me health. If he has he will give me money to go to the hospital, but money will not be enough.... The kind of sickness He tells me God should heal me is maybe when I have headache, catarrh or cough. Sometimes, if it is severe, He will give me money to go to the hospital and He knows the money will not be enough.

Interviewer: Ok, what kind of sicknesses are severe?

Salima: Saifa. [I.e. swelling in the stomach. A Hausa word indicating enlargement of the spleen]. (Salima, 15; interview)

In the excerpts above, the girls seem to defer to their husbands' assessment of the severity of their illness. This is necessary since husbands are the one's expected to fund or support the treatment of the illness, if finances are available. The reference Salima's husband makes to God as the giver of health also links back to the constructions of health held by girls in this study, as illustrated in

excerpts eight and nine. How Salima tells her husband about her sickness shows that this might be a pragmatic decision rather than something intimate to share i.e. pragmatism in telling. The pragmatic choice lies in her belief that resources, be they money, drugs or transportation to the hospital, will be mobilized by simply telling. Salima's husband's reference to God might also seem a way of deferring responsibility of the sickness and thus refer to a higher power so as not to singularly bear the responsibility for addressing the illness. In this excerpt, her husband's construction of God as curer may function differently from that of the girls, as God's is mentioned here to pass on responsibility, whereas girls mention God as a necessary part of life. The reference to God by Salima's husband is also the kind of reference sometimes made when a sickness is not perceived to be severe. This implies a girl might not receive treatment in a hospital setting if the sickness is perceived to be less severe.

Salima's reference to money received from her husband as not being enough to cover the cost of treatment is also reflected in the Jummai's interview below where the young girl is left to fend for the balance of treatment received in the health facility.

Excerpt 31

Interviewer: Think back to the last time you were sick what was the problem and what happened? What did you do?

Jummai: Last time I felt sick, I contributed, and my husband contributed. When I went to the hospital, they said I need drip and I had to come back and take the remaining money I had, about #2,000 ⁵⁵and went to the hospital and they started the treatment. Later, the balance was #1,500 and my husband came and gave the balance and apart from that gave me #1,200 and up till now, I haven't even finished the injection because he has not given me the balance to go to the hospital. (Jummai, 20; interview)

⁵⁵ Approximately £6.37.

Here, Jummai indicates that “telling” her husband of illness might be to prompt a contribution to the costs of healthcare, even though as she, and Salima in excerpt 28 state, finances from the husbands are barely enough to cover costs. This also shows that “telling” might not always result in the desired outcome.

In addition to telling husbands, some participants informed their family members, their mothers, when they were sick. Salima, (excerpt 30) adds to this finding in her statement below speaking of a lack of funds in treating sickness.

Excerpt 32

Interviewer: So how do you pay for your hospital bills?

Salima: If I have I will add... if not, my mother will give me. (Salima, 15; interview)

Binta, who we also see in excerpt 9, referring to having an ailment perceived to be caused by others, also indicates the role of her mother in her experience after marriage.

Excerpt 33

Since wey [when] I marry on 12th June, I will reach 3 years. I marry my husband; I no get peace in my husband house... Sick sick sick. Until now if I no feeling fine... because my mother... she is the one who force me to marry this man ⁵⁶ if I am not feeling fine I will call her if she wants to send money then she will send money. If she doesn't have money and she will tell my husband say I will give you the transport and we go met for Zaria. (Binta, 21; Interview).

Excerpt 34

Interviewer: Are there times you were sick and didn't tell anyone?

Khadija: I tell my mum

⁵⁶ See Binta's account of marriage and choice in Chapter 5.

Interviewer: What does she normally do?

Khadija: She gives me money she has to buy drugs (Khadijah, 20; Interview)

The involvement of mothers in contributing to finances raises a salient point about a continuum of care/finances by parents for their daughters even after they have married. This therefore means that resources that are available are channeled, whether in small or large measures, to the married girl, who is supposed to “relieve parents” of financial strain (see Chapter 5). Rhine (2010) also reports that in northern Nigeria, women continue to seek help from family members even while they are married. Parents might still play a role in contributing to the overall wellbeing of their married daughters. These two excerpts point to a view of health as seen as belonging to “people’s entire circle” (Hyry-Honka et al. 2012 p. 126), where people in this circle invest in and are concerned about an individual’s health. This highlights how girls in this region draw on social relationships, within their network, to achieve desired health outcomes. Various authors have suggested that social networks and support have a positive influence on people’s health (Hyppa and Maki 2001; Poortinga 2006) and wellbeing (White 2015). However, the nature of the relationships is important, as it helps to understand the exact ways that this support can help in influencing the health of an individual. As Lomas (1998) has argued, “...individuals (and their ill-health) cannot be understood solely by looking inside their bodies and brains: one must look inside their communities, their networks, their workplaces, their families and even the trajectories of their lives” (p. 1182)

An attempt to clarify the nature of this relationship was further undertaken by adopting two participatory methods: Social Networking sorting activity and the Venn diagram. The social networking sorting activity was used to explore the social networks and nature of relationships that the girls had with various people in the society, and the types of situations where these people might be helpful. The Venn diagram was used to see how married girls perceive people who are active in their lives, and to provide information on close and distant interactions and relationships.

In the Social networking activity, the girls listed through the people that they encountered both inside and outside their houses and came up with four categories of people that they thought were important to them; *friends, Mother-in-law, husband and teacher.*

The Venn diagram (See diagram in Appendix 7) by way of circles, with the biggest showing closeness, and the smallest showing less closeness, highlighted people that were present in the lives of these girls. Here the bigger circles belonged to *father, mother, and husband*. Through these methods, the girls reasoned that they were close to their parents and husbands and would tell them of sicknesses when it happened; with this telling mostly prompting some form of action or response to the health problem highlighted. They also indicated seeking advice from their own mothers when they had pregnancy related problems. Mothers-in-law also comprised a small circle, where girls showed that the relationship that they had with MILs were mostly to “get up and greet them in the morning” and indicated that their relationships were usually distant, as they caused “hypertension”. This highlights how interactions with others can affect one’s overall wellbeing as noted in section 6.2.

Young girls seek to draw from their social capital, which is seen as the ability of individuals to access much needed resources that by virtue of their “memberships in networks or social structures” (Portes 1998, p. 12), present within their social unit. They also highlight how the family unit of father, mother, mother-in-law and husband forms an important part of the girl’s social capital. Thus, these relationships can be dependent in nature that is dependent on financial resources, needed to maintain a peaceful state of mind (excerpts 1 and 2) and in some cases, strained, due to frictions between individuals.

This section has sought to throw more light on the nature of the social relationships of a young girl, and what these might mean in terms of her overall health, where she chooses to go, as well as what pieces of information to share and who to tell regarding her health issues, to achieve a desired health outcome.

The next section will highlight the birthing experiences of married girls as this is an important event in the life of a young married girl (explained in detail below). The section below also highlights the choice of healthcare at this time and what scenarios informs this choice. Within this section, I will explore facility based and home-based deliveries.

6.5 Experiences of childbirth: Decisions around healthcare.

The transition to motherhood is mostly seen as a significant rite of passage (Martin-McDonald et al. 2002), where childbirth acts as a significant marker for transitions into adulthood. The way in which a girl, who in most cases leaves her social position (Dike 2013) as an unmarried girl and transitions to that of a wife, and then a mother, is substantial. Furthermore, social scientists argue that childbirth is a significant part of a woman's life where the social meaning behind childbirth is shaped by the culture in which birthing women live (Liamputtong 2005). What a young married girl experiences in terms of childbirth, and how she decides what form of health care to use at this time in her life is crucial. It is crucial for several reasons. Firstly, most married girls are prone to serious health issues because of underdeveloped anatomies (UNICEF 2005; WHO 2011). Secondly, because most early marriages take place in rural areas in developing countries, infrastructures to adequately support young married girls are lacking and in the case of Northern Nigeria, this subsequently contributes to the high maternal mortality ratio in this part of the world. Finally, as seen in Chapter 2, section 2.3.4, the babies born to young girls in these contexts are also vulnerable to health complications and as such, this is a crucial time both for themselves and the new babies. A focus on childbirth, therefore, will help in understanding beliefs centering on childbirth and thus what informs decisions around the choice of healthcare.

The next section will focus on home deliveries, where some girls report to having assisted and unassisted deliveries. In cases of assisted deliveries, they draw on social relationships (mainly familiar female members of the community and TBAs) to achieve childbirth. In the unassisted deliveries, we see that the suddenness of labour pains might affect or influence the “choice” to deliver at home. Decisions to give birth unassisted will also unpack the concept of what it means to be a “*Mace mai karfi*” (meaning strong woman in Hausa) in this context where in some cases, giving birth unassisted without anyone present is a way of earning respect from others.

6.5.1 Home deliveries.

Globally, there is an emphasis on institutional birth i.e. birth in health/ hospital-based facilities (WHO 2004). However, in the latest NDHS (2008) data from Nigeria, 63% of births occurred at home, with the north of the country recording the highest figures of these kinds of birth. The North

East recorded 79%, North-West 88 and North-central 53% compared to the southern parts of the country (SE 20%, SS 49% and SW 24%). Although in various parts of the world, women choose to give birth at home, Hausa women generally prefer to give birth at home (Adeoye and Kalu 2011). With home deliveries usually associated with high maternal and child morbidity and mortality (DHS 2013), it is imperative to understand reasons why some girls in this context report to giving birth at home.

As this section discusses on childbirth, additional information on the number of children will be provided in parentheses to provide more context.

Most of the participants spoke of having sudden pains just before delivery, especially in the case of first pregnancies which inadvertently led to them giving birth at home.

Excerpt 35

Interviewer: How did you feel before you gave birth?

Zainab: I didn't even know I was about to give birth...nothing I have never done it. Just felt stomach just disturb me. I just went and gave birth." (Zainab, 23; 5 Children; interview)

36

Interviewer: Was there any reason you chose to give birth at home?

Salima: Me, it's just when it comes. Anywhere it comes I give birth. (Salima, 15; 2 Children; interview)

37

Interviewer: Where did you go to give birth...what was the experience like?

Murna: I didn't know I was going to give birth that day. That very day I started feeling. Within three minutes I had delivered.... I didn't call anyone. (Murna 18; 1 child; interview)

This experience of “sudden pain” was also mirrored in Pfeiffer and Mwaipopo’s (2013) study in Tanzania, where 52% of women interviewed indicated that “unexpected deliveries” was a factor

contributing to home deliveries in this context. Thus, the above excerpts suggest that the home may perhaps not have been the desired place for delivery, or may not have been consciously chosen, but the onset of unexpected and sudden labour pain informed the pragmatic reason to give birth at home. In the DHS (2013) in Nigeria, one of the most cited reasons for not giving birth in a health facility was related to unexpected and sudden delivery of the child, leaving little or no time to reach the facility.

Other than having sudden pains, which led to home deliveries, other participants made reference to cultural norms and beliefs which influenced their home deliveries. Zauna, a 20-year-old girl, reflects on a particular ideology which might provide more scope to understand why young girls may report to giving birth at home. These were evidenced in less than a quarter of the participants.

Excerpt 38

I was with some people that came to visit me that day, but I was managing myself, [trying to comport herself] I was holding I didn't tell them because I didn't want to disturb them in case the labour was not real. (Zauna, 20; Interview)

Rahina's account shows that even though she is in some pain, she keeps from telling others of her condition. Her account also draws attention to the Hausa concept/ idea of “*Kunya*”, also known as modesty. Here, a pregnant woman is supposed to remain modest and not draw attention to herself (Okeshola 2013). As Wall (1998) note, *Kunya* or shame plays a crucial role in childbirth among the Hausa women especially a “newly pregnant girl should not draw attention to her gravid state” (Babalola and Fatusi 2011, p.138), with mentions of pregnancy and childbirth discouraged in conversations. This pressure to remain modest and not reveal much means they may not ask questions about pregnancy and has important consequences for women's health and wellbeing at the time of labor since it may restrict them from readily seeking help, especially when maternal complications are well advanced (Wall 1998. p. 323). Furthermore, this idea of *Kunya* influenced over one-quarter of Hausa women to deliver alone between 2009 and 2013 in Northern Nigeria (NPC 2014) and as Stephenson et al.'s (2006) report, behavior is influenced by how a person thinks

the community views his or her actions. This means societal expectations in this context influence a young girls actions in childbirth. Her choice not to tell anyone of her pains also shows interesting forms of agency, where she decides to bear the pain and not tell anyone of this. Still on the subject of giving birth at home, a study by Okenshola (2013) found that 65% of women indicated that cultural beliefs affected the place of delivery, where childbirth was perceived as a natural part of life and therefore should take place at home. In line with cultural norms, girls recounted their experiences of labor and eventual childbirth, where a seeming pride came from consciously deciding to give birth at home, indicating the strength of a woman, particularly in not “shouting” or crying out during the course of labour. Moreover, within the Hausa culture, delivering a child unattended to by anyone is a thing of pride (Babalola and Fatusi 2011). The excerpts below contribute to this understanding.

Excerpt 39

Interviewer: Tell me about the experiences of your pregnancy.

Assibi: If I am pregnant, I am usually weak and feel sick ... then I know [I am pregnant]. It's at home I gave birth.

Interviewer: All your children?

Assibi: Yes, I did my labour alone in the room. After that, I call someone to help me...my husband is normally around in the house but not when I'm doing labour.

Interviewer: Do you normally shout during delivery and...? ⁵⁷

Assibi: Ah Ina⁵⁸!!! No. (Shakes head empathically) No it's not painful. I don't cry out.

Interviewer: What about others that cry out?

Assibi No it's just that they want to shout.

Interviewer: if they are shouting is there anything wrong?

⁵⁷ Interviewer following up on the concept of being a strong woman by not shouting, from a prior interview.

⁵⁸ Emphasis on the word “No in Hausa”

Assibi: Ah! It's not good if you are in labour you will be shouting. It's not good at all. The person that starts with cry will continue with cry till she finishes giving birth with all her child. Kia!

Interviewer: Where did you get that belief from?

Assibi: That's how we grew up and met our parents seeing that we see it is true...true I will have more children. What have I done? I've not had enough. How many have I had? I still think of having more children...

Interviewer: How many more children?

Assibi: Me? No matter how many. As many as God gives me (Assibi, 23; 5 children)

Excerpt 40

Interviewer: What happened when you were in labour?

Safinatu: ... I didn't cry I only struggle praying. I only try to be strong.

Interviewer: So, for women that cry out when they are in pain how you do see them?

Safinatu: (Laughing). I see it as foolishness because even the cry will not help you.

(Safinatu, 17; 3 children; Interview).

In the above excerpts expressing pain during delivery is constructed as something that is not desirable, and something that will not affect the process or outcome of delivery "... even *the cry will not help you*". This view might link to the construction of illness presented in section 6.2.1, where it was suggested that some participants might be hesitant to be labelled as weak in the process of giving birth by expressing pain. This is in line with a cultural expectation to remain respectable which is further revealed in the woman's ability to remain composed as she bears children (Renne 2004). Among Hausa women in Nigeria, there is a great social pressure to hide any show of pain and laboring quietly is seen to demonstrate this modesty (Danzinger 2012). This has also been noted in a study in Uganda, where the belief that childbirth is a way of testing one's endurance was also reported as one reason behind home deliveries (Kyomuhendo 2003). Thus, a

woman giving birth alone at home signifies respect and tags her as someone who can endure pain. This is an example of how various elements of cultural beliefs and norms in relation to childbirth (Elo 2002) might affect delivery.

Safinatu's logic for not crying "*I see it as foolishness because even the cry will not help you*" seems to be pragmatic in her eyes in the sense that you do things to get a result and not simply for the sake of sharing something. This might relate to girls choosing to tell their husbands of their sicknesses, not merely for the sake of sharing, but to elicit an action or a response to the situation at hand. This implies that girls might only be moved to say things or do things where their chances of getting desired outcomes are high, and when they perceive that an action might not help them, they might be more inclined to keep it to themselves or bear the pains and consequences themselves.

The case of girls who give birth unassisted is also reflected in current literature showing the Northern regions of Nigeria as having high proportions of women who give birth with no one present (NOP) (Fapohunda and Orobato 2015). This belief system is embedded in culture and tradition as an explanation offered for Assibi's statement "*That's how we grew up and met our parents ...seeing that we see it is true*" which indicates a traditional element or expectation to this pride that comes from bearing a child unassisted. In chapter 5, the girls noted an adherence to tradition and cultural values underpinning a rationale for marrying early where they "*...grew up and met parents practicing it. Just part of the way of life.*" This means that cultural norms and values have a significant role to play at crucial times in a girl's life: at the time of marriage, and at the time of birth where adherence to these are key to keeping up with cultural norms and values, no matter the consequence. This shows the continued importance placed on cultural expectations in this context and how these are carried over into childbirth.

These accounts have in one way or another demonstrated or provided more understanding towards unassisted deliveries in the home. The next section, still focusing on the home, will analyze the data regarding assisted deliveries by a host of people where social relationships will play a prominent role.

In the excerpts below, participants refer to people assisting them at the time of delivery, where these people were familiar females. As Goldsmith (1990) highlights, majority of women in traditional societies in most African settings do not generally give birth in the presence of strangers.

Excerpt 41

Interviewer: So, when you were pregnant where you did give birth?

Haruna: At home. Nothing happen I just felt labour...I looked for somebody. My grandmother. I was strong (Haruna, 16; Interview).

Excerpt 42

Interviewer: Ok so for the first one that you gave birth at home. What happened? Can you take me through what happened from the time you started feeling labour pains?

Zainab: Nothing. I didn't even know I was about to give birth. I have never done it. Just felt stomach just disturb me. I just went and gave birth.

Interviewer: Okay... Did you call anyone to assist you?

Yes...One woman in Serki's house [the chief's house] I don't know anything about it and that woman was an elderly woman that's why I sent for her.... she just held me. Just like that in the home they will just hold you and be telling you "sanu sanu"⁵⁹. That's all. It didn't take much time and I gave birth. (Zainab, 23; 5 Children; Interview).

Excerpt 43

Interviewer: Why did you give birth at home?

Assibi: If God brings the baby safe.

Interviewer: Do you call anybody to help you?

⁵⁹ Normal greeting in Hausa.

Assibi: Hmmm. Zainab Yusuf. This woman that just left she is the one that used to cut the cord for us and that is the person I call. The one that uses to assist us.

Interviewer: Do you call angwamzoma⁶⁰?

Assibi: Yes, that is the midwife I just said about.

Interviewer: What kind of things does she do to assist you?

Assibi: They will cut the cord and put water for me to bath and bath the baby (Assibi, 23; 5 Children; interview).

Participants in excerpts 41 and 42 indicate that they are assisted by elderly relatives in their communities, where Zainab explains the role of the woman in holding her, “greeting” her and encouraging her. Assibi however refers to calling the local traditional birth attendant (TBA) to assist her, who also happens to be a young married girl. This means that young girls might draw on their social relationships and connections to achieve good health for themselves and that of the new-born children. In excerpt 42, Zainab specifically mentions getting help for herself whereas the last excerpt, Assibi attributes the help that she got specifically relating to that of her unborn baby. Assibi’s statement “*if God brings it safe*”, ties in to a larger argument where childbirth is seen as a spiritual experience in Islam (Callister 2010) where a reliance on God is evident at this time in their lives.⁶¹ This drawing of relationships at the time of birth highlights the role of the TBA. TBAs are generally considered to do “more than just deliver babies” (Leferber and Voohover 1997, p. 115) as they share their familiarity with the pregnant woman, their knowledge of medicine used before, during, and after delivery, as well as their understanding and shared cultural values of childbirth and delivery (Liamputtong 2007). These qualities and specific skill set, thus making them a go-to in terms of assisting with childbirth.

⁶⁰ Local name for Traditional birth attendant.

⁶¹ Although Christians may very well view childbirth this way, I am focusing on data that particularly supports an Islamic view in this context.

Within this light I will explore the experiences of child birth in the home where this is assisted by a TBA. This analysis will highlight the experience of the TBA in providing care for the young girls at this time.

TBAs: Following the rules of grounded theory, theoretical sampling was employed where Assibi who speaks of childbirth in excerpt 43, was recruited again for another interview to provide more insight on developing themes relating to culture and the age of marriage. In the process of this re-interview, Assibi's account of childbirth reveals that Zainab, (23 years of age) who is a young married girl participating in this study, also acts as a traditional birth attendant in the community. This leads to a second interview with Zainab, where her accounts of being a TBA, and personal experiences of childbirth are presented in the excerpts below.

Excerpt 44

Interviewer: So emm ... have you ever assisted other people to give birth?

Zainab: Ah (Laughing) Yes. I know how to do it very well. A lot.

Interviewer: How do you know?

Zainab: Just like that it's my understanding. All around here if they call me even If I am lying down sleeping they will wake me. I am a young girl, but God has given me the gift.

Interviewer: Will you say you are the angwazoma [midwife in Hausa]

Zainab: (Laughing) That's what they call me, and I say I don't like the name because I am a young girl. It's a culture that the person that helps you gives birth, you will give the head of goat but me I don't want the name. It's for elderly people... I assisted more than 10 girls, different births, different people [begins to call names].

Interviewer: So why do you think they call you?

Zainab: because they know God has given me understanding.

Zainab, though hesitant to be associated with the formal title given to local midwives in the community, sees her ability to assist others in childbirth as a divine gift from God. Other studies in Nigeria and Ghana have alluded to this finding where TBAs are seen as being divinely endowed with this gift, without any training on the experience of assisting other girls in childbirth (Itina 1997; Afoyalan et al. 2010). Her desire to stay away from the title can suggest a desire to maintain her identity as a young girl in a profession that is usually for the older women. It also reflects an acknowledgement that according to the local norm, this profession is for older women.

In recounting some of her experiences of assisting with delivery, she further highlights the relationships that exists between herself and nurses in the community.

Excerpt 45

One Matan⁶² Mohammed she works in the hospital... they call her. If they call her and she comes I will sometimes come and meet her there or the other way around. So, we will come and meet there. So, she told me that if they are looking for such people. People like me to assist in delivery she will call me to come.

Excerpt 46

One of my neighbors, I wasn't around. I went to Kafachan [neighboring town]. They called one woman that works in the hospital. She was there. I was just coming and the husband called me. I told her [pregnant woman] what she should do...as she refused so it is when I talked to her to put her strength. I quarreled with her, so she did it. Nurse tried to inject her I drew the water liquid to put in the syringe for the nurse to inject the women.... After some time, she has delivered, and the intestine refused to come out.... If the child supposed to come out, the head will make the mother to widen the mother a bit so once the head did

⁶² Term used to refer to older married women

not come, we use our hand to open the area to arrange the area so the child will come out.

In the above excerpts, Zainab indicates how she and the nurse work together to ensure delivery of the child where a seeming respect for Zainab is being shown by the nurse (Excerpt 45) to possibly ask her to assist in deliveries within the hospital setting. This, however, does not seem to be the usually the case in the literature, as TBAs in Kenya reported to being looked down at by doctors and nurses, and in some cases being referred to as quacks and having to endure insults from health professionals (Izugbara et al. 2008).

The excerpt below also further highlights the seeming healthy nature of the relationship that exists between Zainab and the nurse in the hospital. Zainab indicates that she refers women to the hospital if they for instance appear too tired and the birth is not happening. This does indeed point to some sort of collaboration, albeit unusual, between TBAs and orthodox medicine per se.

Excerpt 47

“...like one I was doing I don’t know she was going to give birth and she knew. She tried to see me if she could get me, but they called one woman working in the hospital. She tried but the birth did not take place. Later they called me, and I saw she is tired, so I said she should go to the hospital. Her husband has a car he took her. I told them to go there when they are tired. When she is tired I will refer... Some [deliveries] take long time so if they try and try and try and it doesn’t come out we will leave if. We will wait and give them herbs.

This way of referring pregnant women to the hospital, signifies an acknowledgement of the risks of pregnancies where a mother is too weak. A relationship thus exists between Zainab and the nurses which is possibly indicated in the overall referral of women to the hospital in the case of difficult deliveries. In a study carried out by Izugbara (2009) in urban Kenya, healthy relationships between the TBAs and hospitals were reported with referrals across both “divides” (TBAs and Health facilities) seen as a measure of this healthy relationship. A study in Gambia also indicated

that community members expected the TBA to refer a woman to the hospital if she could not handle a case. The referral and the compliance suggest a trust that women have concerning TBA's decisions at childbirth. It also shows the role that social relationships between the TBA and facility staff have in managing girls' pregnancy in this context where various resources/ institutions (i.e. orthodox and traditional) come together for a mother and child at this time in her life.

Recounting her own personal experiences of childbirth, Zainab indicated that out of her five deliveries, three occurred at home and two in the hospital (see excerpt below for explanation of number of deliveries).

Excerpt 48

The first one at home, second time, I had twins, I gave birth to one at home and the other one did not come out till we were in the hospital, they had to operate me. Third in the hospital, fourth at home and fifth in the hospital. (Zainab 23; 5 children; Interview).

In this excerpt, she doesn't indicate a personal preference as regards a place of birth for her children but rather shows a mixture of home births and hospital deliveries.

When asked about her views on why girls might seek choose home deliveries as opposed to delivering in hospital.

Excerpt 49

Zainab: Toh some said at home is better than the hospital. You will lie down, and your body is open, and they will ignore you...but at home they will be looking at you and be saying sorry. In the hospital they will leave you and be doing other works when you feel the baby coming that you will call them. But at home that are close to you.

A need for privacy during delivery where a woman desires not to be exposed was also shown as a reason for avoiding hospitals by a study by Okenshola (2013) in North-central Nigeria.

Zainab in the excerpt below indicates that she seeks support in her work with the need for some materials that can assist in home deliveries.

Excerpt 50

If I can get things for delivery, for example, gloves, leather that the drop women on to [Polyethene “cloths”] that they drop women on top. There are other things I don’t know if anybody knows that can help me and knowing...training.

Her mention of some necessities like gloves for deliveries highlights her knowledge relating to safer methods of deliveries, which require basic necessities like gloves and blankets⁶³ (Sabin. et al. 2012). Zainab possibly obtained this knowledge through her relationship with the nurses, and experiences with delivery in the hospital which might arguably “expose” her to other desirable ways of delivering babies. Her desire for more support is synonymous with other large-scale interventions seeking to do just this in various parts of the world where maternal mortality is high (UNFPA 1996). Although her desire to be trained is mirrored in excerpt 50, various studies have seen no strong link between training of TBAs and better maternal health outcomes (Smith et al. 2000; Sibley et al. 2004) with more consensus being accorded to TBAs as promoters of facility-based health care (WHO 2004). Zainab’s relationship with the nurse where she is seen as an expert in childbirth and thus gains her respect, mirrors what Bell et al. (2014) suggest, that TBAs are seen as authorities in deliveries and should be integrated in the formal healthcare system where this integration has more capacity for change in maternal health outcomes.

The next section highlights the hospital deliveries.

6.5.2 Hospital Deliveries.

Some participants had the experience of delivering in the hospitals, and also at home where certain assessments were being made which determined the choice of healthcare in this context.

⁶³ Blankets to use to hold the babies.

Halimatu, 23, recounts both experiences of delivery with her first in the hospital and her second at home.

Excerpt 51

That time I was shouting, shouting, shouting [at home] People now came and asked me what is it? I now told them because that time I didn't ever experience anything like that. Then some of them now said maybe I want to deliver so some of them now decide that we should go to hospital and some of them now decide to leave me at home. Then I now tell them that let them take me to the hospital because the thing was getting serious then they now take me to the hospital

On arriving the hospital, the nurse was petting me when I was shouting they was petting me telling me that I should stop "now very soon the child will come out". They were playing with me, so I now feel happy after some time I now delivered... I started around 7 o'clock in the morning I now delivered around 5 o'clock in the evening. (Interview)

For the second pregnancy

..... I don't feel like I want to deliver. I just feel like something now hold me on my stomach. When I lie down after sometimes my stomach was turning, turning. I don't feel like delivering. After sometimes I now see water was coming from me. I now send my first son to call one of my friends (she is working in Maraba). She is a nurse. They now call her, she injects me, and they give me some drugs. Then she now told me that I should just sit down that I want to deliver. It didn't reach 30 minutes then the child just comes out.

Halimatu above refers to people around her in her first experiences of pregnancy seeking to decide where she should seek treatment. "Then some of them now said maybe I want to deliver so some

of them now decide that we should go to hospital and some of them now decide to leave me at home.

Even though she finally directs them to take her to the hospital, another participant, Maimuna 18 years old, also suggests people were trying to decide her treatment while she was in labour, speaking about how decisions around childbirth can be sometimes out of the reach of the adolescent mother.

Some other participants referred to factors that influenced their choice to deliver in hospitals.

Excerpt 52

Hmm I suffered. I suffered very well. My stomach was paining me. My back as if I carry load for my back. I cannot walk... So, they [Husband and mother-in-law] said that no now I will born [deliver] they think that maybe I can bear [deliver] at home and will not go to hospital. Then [they called one woman that she is working in the hospital]. Then she come and tell them to take me to the hospital because this thing she can't take care of me again. They should rush me to the hospital.... they rush me to the hospital. I sleep there till around 10pm. The thing did not work. So, they latter referred me to another hospital.

These excerpts above also demonstrate access to healthcare that these girls have in form of the nurses as well as good relationships with them, which facilitates their health at this time. Both participants refer to being in pain which does not appear to be sudden as in the other cases of home births. This suggests that perceived level of pain and the length of labour serves as possible criteria in assessing whether deliveries will take place in a hospital setting. This is further supported by Zainab's statement below in seeking why she chose a hospital delivery.

Excerpt 53

There was nothing it was just my time. I knew. I felt I was going to give birth. (Zainab, 23; 5 Children).

From the experiences participants in excerpts 39 and 42, the exact kind of care that is being provided at home and in the hospital “*Just like that in the home they will just hold you and be telling you “sanu”*” and “*On arriving the hospital the nurse was petting me when I was shouting they was petting*” does not seem to differ as both excerpts suggest a caring approach adopted by those that assist in both home and hospital deliveries. This, however, might be an exception as the studies in other African contexts indicate that many women who report of delivering in hospital-based facilities experience abuse and maltreatment from staff (D’Ambruoso et al. 2005; Kruger and Schoombee 2010; Kumbani et al. 2012), prompting more women to deliver at home.

These excerpts also indicate that apart from elderly women in the community and local TBAs, nurses assist in home deliveries in this context where they provide medication and refer to the hospitals in cases of a difficult home delivery. This indicates a seeming integration of both skilled and unskilled attendants to ensure that the pregnant woman is always safe during delivery. These excerpts show how social relationships between girls and other people in the society and with pregnancy and child birth seen as “exclusively women affairs” in Nigeria (Vehviläinen-Julkunen and Emelonye, 2014, p. 1), elderly women, friends, mothers-in-law are drawn upon which feeds into the concept of social capital as being key for achieving optimal health during delivery. Another example of moving from home to hospital, as evidenced in excerpt 44, is told by Hadija, 20 who recalls a traumatic time for her at the time of delivery.

Excerpt 54

I was pregnant for seven months and I was sick, and I didn’t know it was the pregnancy that was finding a way of coming out. My stomach was paining me. One woman.... my mother in law came to help me still it didn’t stop. We kept waiting for the day to break [morning to come] and praying to God...I went to the room. That was how I delivered...

They told me to take the children to Lafia specialist [hospital] where they will put them in a bottle [incubator] but before he [my husband] could look for money, the children died.

Hadija's account of her pregnancy and subsequent loss of her babies highlights a seeming delay in reaching adequate health facilities, indicated by the time of labour and also financial challenges involved in seeking treatment of the premature children. This situation, however isolated, flags up consequences of the unavailability of targeted services for young mothers (and all mothers in general). In other words, a lack of adequate maternal services for mothers in rural contexts. This further highlight infrastructure problems at this level that hinder successful deliveries of babies. Some participants gave indications around where they might prefer to give birth should they become pregnant again. Halimatu, who has two children, shows a preference for hospital for future deliveries, citing "good care" as a factor driving this decision.

Excerpt 55

Halimatu I prefer the hospital

Interviewer: Ok the hospital. Why?

Halimatu because the hospital, they used to give you good care.

Interviewer: Good care. What does good care mean?

Halimatu: when you go they will pet you, will stay around you and be telling you good good things be talking to you but at home the first, the second one [pregnancies] I didn't like it because if you don't have any doctor or nurse around, sometimes if something will happen it can easily happen because no one can experience what is disturbing you... I have seen cases where maybe a girl was at home and maybe something happens to her. Sometimes if they deliver, the placenta will not come out. They will find it difficult. They will go to the hospital or they will find that is working in the hospital to go and help them.

Hauwa, 23 who is currently expecting a baby, shares her reason for choosing a hospital for her upcoming delivery which is driven by the belief that homebirths are risky to both mother and child.

Excerpt 56

Interviewer: Is there any reason you are choosing to go to the hospital

Hauwa: Giving birth at home is risky going to the hospital is the best solution

Interviewer: Ok so why do you think it is risky?

Hauwa: sometimes when you give birth to the baby at home you start bleeding and by the time you start bleeding and they say they will rush you to the hospital, before they get to the hospital you might die

This desire to minimize risks associated with deliveries outside the hospital is reflected in the study conducted by Pfeiffer and Mwaipopo (2013) in Tanzania, where 48% of women surveyed reported “good service” and “security” in the event of complications as motivating factors for choosing hospital-based deliveries. Tsegay et al. 2013 in Ethiopia also discovered that participants associated excessive bleeding as a complication related to home deliveries. This indicates that some participants in this study are aware of some complications that are mostly associated with home deliveries and thus might either seek hospital-based deliveries or acknowledge the importance of having someone around to assist at the time of delivery.

6. 7 Conclusion

Various perceptions of health have been presented, where the physiological processes, the state of the mind, and an emphasis on the spiritual and economic circumstances, influence the construction of health and illness in this context. The common sicknesses encountered by the girls in this study were also presented, whereby some girls arguably adopted a form of telling their husbands of their illness, as a strategy to secure funds for treatment. Young girls in this study also draw on their social capital and relationships in order to facilitate desired health outcomes at various points in their lives. Decisions surrounding the choice of healthcare was also presented, where young girls

made assessments of local/ community health facilities, and measured these against neighboring towns, with a preference for the latter. This feeds into the agency debate, such that girls are aware of what is needed in their lives overall, and thus make assessments on whom to approach and where to go to, in order to achieve optimal health. Experiences of childbirth further helped to understand decisions around the choice of health care around the time of delivery, where these decisions were pragmatically made based on the length of labour observed. Finally, the experiences of the local TBA further helped understand maternal healthcare in this setting as working with nurses and hospitals highlight a seeming connection between both streams of healthcare delivery targeting pregnant girls.

The next chapter picks up from the analysis bordering wellbeing, exploring money, businesses, and relationships where in a bid to be economically self- dependent and reliant, girls engage in income generating activities, so as to take care of issues that may arise within the household either relating to themselves or their children.

CHAPTER 7: Conceptualizing wellbeing

7. 0 Introduction

Following my arguments in Chapter 2 section 2.7, it is important to recognize that the way in which wellbeing is understood differs by culture and context (PADHI 2009; White et al. 2012). Furthermore, within every society, various classes of people, males and females, young and old, might have various definitions of what wellbeing means to them. In this light, it is important to explore how young girls who get married early conceptualize and construct wellbeing, as told from their point of view.

Understanding wellbeing is particularly important for people living in poverty, as economic factors matter *even more* for their wellbeing (White et al. 2012) as opposed to people who are more affluent. Jackson (2011) also argues that it is important to emphasize representations of wellbeing in material contexts especially in resource poor settings. This is not to say economic factors do not matter to the rich and the affluent but for people living in resource poor settings, matters relating to economic aspects of life are very significant. Exploring this topic holds a great deal of relevance as women and girls account for 49% the Nigerian population (British Council 2012) with additional poverty levels in the Northern Regions of the country recorded as twice that of the south. For example, poverty levels in the North can range from 72% in the North- East compared with 26% in the South East and a national average of 54% (British Council, 2012). Therefore, exploring how young girls take care of themselves and their families is of particular importance in terms of adequate programming for effective and targeted policies aimed at this population. In other words, economic aspects/ poverty is key to wellbeing. The benefits of exploring IGAs will also be explored. How do these activities impact on the wellbeing of the girl and her family? This will be unpacked and explored with regards to how young girls talk of the significance and relevance of IGAs to their everyday life. This analysis around wellbeing and IGAs will also shine a light on gender roles in this context, where in a bid to meet family obligations, girls become resourceful and resilient in the face of limited resources in the households, and adapt to the “economy” of the household they find themselves in. The findings in this chapter follow the framework proposed by White (2009) (chapter 2, Figure 1).

In setting the scene for this chapter, it should be noted that I will present instances where girls make reference to happiness. In these cases, I will treat this, i.e. happiness, as an indicator of wellbeing. I briefly explain why in the sentences below. Happiness has been studied extensively especially in HICs, with various authors such as Layard (2011) strongly arguing that the study of social science be revolutionized whereby every academic should endeavor to understand what makes people happy. While I might not share his strong views to redirect every social scientist in this direction, I agree that the research of happiness as *one* indicator of subjective wellbeing is of immense value, especially among poor and disadvantaged people in developing countries where research in this field is minimal (Diener and Biswas-Diener 2000).⁶⁴ Following White's definition of wellbeing in Chapter 2, section 2.7, that is "what is needed for life to be good", means that wellbeing as a whole can be open to objective and subjective interpretations, with the former seen as "non- feeling features" (Gasper 2007), or indicators that can be adequately measured, while the latter mostly relates to emotions (mostly positive), feelings, and expressions among others. The subjective element of wellbeing (as the name implies), arguably leaves room for happiness to be included but not equated to subjective wellbeing as a notion. This rather suggests that wellbeing is subjective depending on the individual experiencing it. So, although references to happiness will be made in the rest of the data, I will only see this as an indicator of wellbeing. Thus, I will explore the concept of wellbeing through this lens, looking at an interconnected whole, that while the study of wellbeing can focus on what people think and feel (subjective), it should also take into consideration the broader external factors that might affect said thinking and feeling. This is where the material and relational issues come in. I will explore how these are connected when looking at the process of practicing IGA, and how these three factors come into play or are related in the long run. In the excerpts below, participants talk of "happiness" and "peace of mind". However, following the framework introduced in chapter 2, I will treat happiness as an indicator for wellbeing, describing exactly how the word happy or peace of mind is related to the concept of wellbeing as a whole.

Young married girls, as we have seen in Chapter 3, are often engaged at the fringes of the economy, with limited ability to support family making them vulnerable to economic shocks (ICWR 2014). In light of this, many take part in IGAs in order to support their families. The next section picks up from the foundation laid on IGAs in Chapter 3 and provides a link to wellbeing.

⁶⁴ While this might have improved over the last decade, research in these areas especially within the African continent and in Nigeria remains noticeably scarce.

7.1 Setting the scene: The concept of IGAs and wellbeing.

As seen in Chapter 3, section 3.5, IGAs are an important aspect of life in most rural parts of Northern Nigeria, especially in the North. The exact nature of these activities is presented below, as well as reasons for analyzing these in relation to young married girls.

IGAs can be generally classed into five categories (based on the wages from these activities) using the classification provided by Davis et al. (2010) and Covarrubias et al. (2013)- taken from a Cross-country Comparison of Rural Income Generating Activities.”

Agricultural (crop, livestock and agricultural wages);

Non-agricultural (non-agricultural wages, self-employment, transfer and other);

On-farm (crop and livestock);

Nonfarm (non-agricultural wages, self-employment);

Off-farm (joining agricultural wages with the *non-agricultural* aggregation).

However, IGAs which appeared most relevant to the young women in this study relate mostly to small scale business run by girls, small informal savings and credit organizations falling under non-agricultural and non-farming activities. Following the categorization from the authors stated above, businesses that girls in this study undertook fell mostly under the “Non- Agricultural” and “Non-farm”. This information was gathered from interviews with girls, FGDs and participatory techniques such as Ranking and representation of businesses by drawing (See Appendix 7)

Table 12: List of businesses undertaken by girls per category

Nonagricultural and off farm activities
<p><u>Selling things</u></p> <ul style="list-style-type: none"> - Ice-cream (Frozen sweetened liquid drink.) - Make Zobo (<i>kankara</i>) - Cake - Groundnut; “<i>kuli</i>. (Fried groundnut paste) - Sell used clothes - Fry <i>kwose</i> (bean balls) <p><u>Other kinds of business</u></p> <ul style="list-style-type: none"> - Sweeping compounds - Grinding machine; - Grinding beans for <i>moi-moi</i> (A traditional food made of steamed ground beans and spices) - Kerosene business - Sewing machine; - Knitting machine; - Salon: Wash hair in saloon.

Some activities above can also be an extension of domestic labour where these small businesses can occur alongside normal or usual domestic chores that the girl undertake e.g. frying bean balls, making ice cream, moimoi etc. Some authors have drawn linkages between productive and domestic labour (Edholm et al. 1977; Beneria 1982) where domestic labour is done without any form of remuneration and productive labour results in income. It can, however, be argued that all labour in this scenario can be “productive”, be it labour aimed at the household (cooking, cleaning etc.) and that aimed for sale/ consumption in the market place. However, it is understood that the term productive is used to distinguish and differentiate the outcome of different forms of labour in monetary terms.

As the table above shows, there are many IGAs that girls engage in. One important category that they do not or hardly engage in is farming. This is an interesting point to raise because most of IGAs activities recorded in most parts of Nigeria are agricultural in nature. Seeing that both the state and the local government in the area of research has agriculture as the main pillar of economy (See chapter 4 Section 4.4), it can be expected that like in similar agricultural states in Nigeria, most people will get their source of income through this seemingly lucrative means. Furthermore, 60-80% of the agricultural labour force in Nigeria is made up of women (World Bank, 2003), who are thus able to make decisions in the house by their level of involvement in this sector (FAO 2011; Adamu et al. 2014). As seen in Chapter 3, section 3.5.2, *purdah* restricts the mobility of women, and this in turn limits their economic opportunities and restricts their ability to choose certain businesses (Coles 1991). Even if these girls were not restricted by *purdah*, the inequalities that exist between the genders in terms of land access/ ownership further compounds problems for agricultural participation by girls (British Council 2012). This means that women are generally restricted from farming by these social rules. Interestingly, *purdah* is partly enforced based on the notion that the men are the one's responsible for providing material needs of women, and as such, the seclusion of women is an indicator of the economic success of the man (Schildkrout 1978). However, we can see that most of the girls interviewed spoke of having an IGA, which is not uncommon in these parts as noted by Coles (1991), where more than 80% of Hausa women were engaged in some form of business or “*sana'a*”⁶⁵ and had various ways of generating income (Coles 1991). This might suggest a couple of things. Firstly, their husbands might not be as wealthy in this context and a girl thus has to find ways of supplementing family income. It also means that *Purdah* might be enforced in this region mostly on a “protective” basis where wives are “protected” from being promiscuous when they interact with other men in the society. However, these reasons might not be as black and white as portrayed, as other reasons might exist as to why young girls engage in IGAs. This will be highlighted in subsequent sections.

The next section begins to explore wellbeing from the perspective of the girl and analyses the effect of money and business on the wellbeing of a girl.

⁶⁵ Hausa word for business.

7.2 Money and wellbeing.

Participants spoke of money, whether in general, or as a source of income and related it to their wellbeing. They spoke of having money as being a very central part of their lives and something that facilitated their wellbeing.

Using the issue matrix (See chapter 3) girls were asked what problems young married girls faced and out of 11 issues identified, six were related to money (highlighted in bold) and access to resources. These relate to money and resources are listed below.

- No business
- Husband doesn't have "strong" business
- Husband needs help with fertilizer
- Lack of equipment for business
- No money for children's school fees
- No good food because of lack of money.
- Stubborn children
- Unmet sexual needs from husband
- One child
- Not staying peacefully
- No access to children

Thus six out of 11 issues pertained to money/income as did the proposed solutions to these problems.

For example,

a) Issue- No business

Possible alternatives to solve this problem: Make *zobo* for children to hawk; wash people's clothes for money; make *kunu* [local beverage] for sale; sell grains i.e. rice.

b) Husband doesn't have "strong" business

Possible alternatives to solve this problem; go into business – Go to the bush to get firewood, and sell; Get a loan; Make *kwose* for sale;

c) Issue No money for children's school fees

Possible alternatives to solve this problem Get a loan; Ask relatives for money; Make ice-cream.

So, while money is an important part of life in all areas of the world, the issues and possible solutions above begins to show how *exactly* money can be relevant in this part of the world. In other words, money is relevant in all settings of the world, however we see what strategies are employed here to address various challenges in the family where a young girl in a resource poor context, takes out loans, goes into small “businesses”, employs the assistance of children to hawk and calls on relatives to help financially.⁶⁶

Within a focus group discussion, the following conversation ensued as relates to the importance of money in the life of a young girl.

Excerpt 1

Interviewer: What are the issues that young married girls face?

P5: Lack of money can make you not to be feeling fine inside you.

Interviewer: so what kind of things will you be thinking about that will make you not feel fine? If we can go one by one.

P3: If you don't have money it's something....you will not be feeling fine (agreed)

P4: Yes, even if you want to go on visitation (visit friends and relatives) he (husband) doesn't have money to go on such visits it is a problem. Money is a part of life.

[FGD]

⁶⁶ Addressing the issue of relatives will be addressed in the next section.

Excerpt 2

Interviewer: What do you like least about being married?

P4: Too much fighting and lack of money.

Interviewer: fighting with whom?

P4: Too much fighting with my husband.

Interviewer: Do you have similar experiences? Fighting with your husband?

P8: Yes. Lack of money. Your husband can bring quarrel because there is no money but if you have business with your own money no problem with him.⁶⁷

Interviewer: Is that the only reason you fight with husband? Any examples?

P9: That is just the example. Even if the husband comes back and is not making you happy you have money, the money will make you happy. He will come back quarrelling and if I have money and my children, I will just stay and be helping my children.

P8: The man did not give you [money] and you are hungry. You will take the money you have and cook for your children.

Participants in excerpt 1 mention that a lack of money negatively affects their wellbeing. While a lack of money can arguably affect anyone in any part of the world, this is especially relevant in situations in resource poor settings, where a lack of money or poverty as a whole has a considerable negative effect on wellbeing (Blanchflower and Oswald 2004). As seen in Chapter 3, poverty levels in the northern parts of Nigeria are especially low compared to the southern parts (UNICEF 2014). Participants in Excerpt 2 also mention that a lack of money can act as a source of problems between a husband and wife and therefore also place the availability of money as *contributing* to happiness. Though there may be other reasons for marital discord, this excerpt suggests that the presence of money can facilitate relational wellbeing between the girl and her husband. So, money is seen as a

⁶⁷ The issue of having the “one’s” own money will be presented in the subsequent sections.

way of obtaining “comfort” despite any problems in the home. It also suggests that money acts as buffer between husband and wife where quarrels, as seen above, are instigated by the husband “*Your husband can bring quarrel because there is no money but if you have business with your own money, no problem with him*” because of a lack of money. This places an expectation on the girls to possibly have money so as to avoid problems in the home among other issues. This suggests that money is something that is needed for life to be good, as alluded to in White et al.’s (2012) definition of wellbeing. In Excerpt 1, the participant also indicates that money aids visiting other people, which also points to money facilitating relational aspects of life. Thus, having money helps with happiness and also aids in enhancing relational aspects of wellbeing for a young married girl.

Fareeda in the next excerpt looks at both money and having a business as a contributor to wellbeing.

Excerpt 3

Interviewer: What areas of your life do you need help with?

Fareeda: We need help for business or handwork. If you have strong business, you will not see problem. Your mind is peaceful because you have passed the stage for some problems that will come in. Even if the problems come, you will have money to solve it. (Fareeda, 20; Interview)

Fareeda indicates that just having a business contributes to wellbeing, as the business is seen as an assurance of being able to cope with whatever problems may come as the money obtained from the business lifts her above the “reach” of some problems. Her statement “*Even if the problems come, you will have money to solve it*” implies that the money from the business is seen to have direct benefits. Money as a source of income has also been said to contribute to wellbeing (Gough et al. 2006) with Frey (2008) suggesting that money does buy happiness. This buying, however, is not seen in the conventional sense, as one that involves transactions, but is merely used as a way to explain that money is a “route” to obtaining happiness. This means that when one has a source of income, it possibly puts you in a *position* to be happier, as you can take care of some problems that you may not have been able to, had you not had access to resources. This begins to show and illuminate how money can be useful in the life of a girl.

7.3 Business and wellbeing

Other than money and income contributing to the wellbeing of the girls, we will also see below how having a business has an effect on the wellbeing of the family members of the girl i.e. siblings. Maimuna, reflects on the difference in her life before and after she had a business, and what this means to both herself and her family.

Excerpt 4

Interviewer: What is the difference between when you were not doing business and now that you are?

Sefiya: Ahh it is helping me o! That money help me a lot. Before I used to go and collect credit [Small informal microfinance association] and when I sell finish I will go and give them the money but as for now, I went to the market and bought one bag of flour, one jerry can of groundnut oil. Everything, I will buy and keep at home when I do, keep my interest give them their own money.*

Interviewer: So, what do you use the money you get now for?

Sefiya: I have a younger sister that is staying with me I am the one sponsoring [paying for her education. (Sefiya, 18; Interview).

Zainab who has 5 children also speaks.

Excerpt 5

Interviewer: ok so emm how may siblings do you have?

Zainab: I have eight siblings.... I have responsibilities. One of my brothers is in senior secondary School. I will be the one to support him. Like my younger brother that I took care of when he was small. When he fell sick, I had to carry him from Wamba hospital and bring him back. I was the only person going up and staying with him. I also support him in school.

Interviewer: How were you getting funds?

Zainab: Because I am doing business. There is nothing I don't sell...rice, soya bean cakes (awara), soft drinks other things. (Zainab, 23; Interview).

From the above excerpts, we begin to see how there is a continuation of care from the girls who are already married where money from business can be directed towards members of their families. This means that the money obtained from the business is also used to cater for the wellbeing of the family members i.e. support in school and healthcare. This was also reflected in a study carried out in Kaduna state in Northern Central Nigeria which showed that 85% of women interviewed spent money that they got from business towards their family members (Coles 1998). This begins to show that in some cases, girls who move from poor households where resources are strained are still faced with more “*aikin kudi*” (*meaning responsibilities in Hausa*) after marriage. In chapter 5, references made to Becker’s work where he alludes to the notion that people get married if they perceive that they will be better off as a result of marriage, where this union brings about some desired outcomes like better quality of meals, children, etc. This theory however, is tested in these cases as the expectation or hope of being better off by marriage is not backed up by the present reality, where at the end of the day, girls may have to take on additional responsibilities by taking care of parents and siblings. In chapter 5, Section 5.3.1, I argued that some young girls decided to get married for the wellbeing of their family members, where they view their exit from the family at that time as a means of ensuring more resources are being spread out in the home. This responsibility for the wellbeing of their families still takes effect after marriage, where they also carry on ensuring wellbeing of their parents and siblings, highlighting how relational wellbeing comes into play here. Also, as seen in Chapter 5, where girls get married with the expectation of getting some form of respect and prestige that comes from being married (see Chapter 4 section 3) is mostly met, their economic situation leaves much to be desired where they are still faced with the reality of strained resources. Kingdon and Knight (2004) also argue that people make assessments of their wellbeing when they compare their present economic circumstances with their past circumstances and make assessments as to whether they feel deprived based on this comparison. This comparison might come into play when a girl looks at her present circumstances and compares to her past as an unmarried girl. A girl might in this case decide to get married, as marriage might open up possibilities for IGA which may not have existed before. Analysis of Chapter 5 on agency and choice portrayed that a host of factors or issues are possibly taken into

consideration when making a decision to get married, which makes it difficult to state which factor may outweigh the other. This will be discussed further in the next chapter.

However, I can also argue that Zainab's ability to take care of her family members (in addition to her five children) can also mean that she is doing well and experiences self-worth, as she is able to meet her responsibilities and to fulfil duties to family which enhances their wellbeing. (PADHI 2009, p.14); as she puts it "*have eight siblings.... I have responsibilities*" (see section 2.7, chapter 2).

Examining the responsibilities, a young girl has after marriage can also highlight the dynamics of gender roles in this setting.

Excerpt 6

Interviewer: You said sometimes you live peacefully sometimes you don't. What makes you live peacefully with your husband?

The problem I have with my husband is because I am staying at home doing nothing. Because I am asking him to give me something for the welfare⁶⁸ of the house...to make it grow, He will say "No leave me alone" and it will bring trouble here and there. He will say that he cannot take His money and give me that I should use my own.⁶⁹ I will start thinking "where will I go" and get help for myself in the home? In some cases, I see the man will not provide for the all the needs and I will be the one to do it. I will go to the market just to see that I take care of his responsibility as man. These are the problems I see. (Zauna, 20; Interview)

⁶⁸ The referral by the participant in excerpt 5 on the "welfare of the house" can also relate to a reference to the wellbeing as welfare is as a concept that can be used to explain wellbeing (Gough 2005).

⁶⁹ * The concept of having your own is explored in section 7.3

Excerpt 7

Jummai: For young married girls like us, sometimes children are sick, and the husband expects us to take them to the hospital. If I inform my husband, he will say what do you want me to do about it? Is he not also your son? Take Him to the hospital.

Interviewer: What if you don't have money what will you do?

Jummai: (Laughs). Sometimes in some conditions, I borrow to take to my husband and then I give back to the people I borrowed the money from. (Jummai, 20; Interview)

The participant in excerpt 6 begins by explaining the root of her problem with her husband and bases it on “nothing doing “. The nature of having “*babu abunyi*” (meaning *nothing to do in Hausa*) can be assumed to be related to an economic activity, as the role of wife and mother already provides a woman with something to do (in the form of basic chores around the house among other things in this setting). The desire to have something doing is relevant to young girls in this context as both Islamic and Hausa culture discourage any form of idleness (Zakaria 2001), as a married woman she is expected to seek out ways to contribute financially to her house. Shahabuddin et al. 2016 (see table 3) also found in their study of married adolescent girls in Bangladesh that girls made decisions to get married as they had nothing to do at home.

Both participants refer to an abdication of responsibilities on the part of the husband since within the Hausa/ Muslim structure, the man is generally expected to provide food, clothing and shelter for the family (Coles and Beverle 1998). This deferral of responsibilities raises some points. It shows that in some cases, men might expect women to find some sort of way to earn money in the house and not only rely totally on their husbands for money. This speaks to gender roles in this setting where a young wife has duties of taking care of her own home and also that of her family. She is seen to be providing for her own family on a scale that she might not have originally expected to. These excerpts also indicate that the girl is not only looking out for her own wellbeing, but that of her family, which in some cases means her siblings too, as alluded to above. It further highlights how the young girls in this setting are part of a larger community and do not just look out for their own wellbeing, but that of others in their lives.

Jummai also mentions that she might borrow money occasionally and present it to the husband. This nature of “borrowing” will be expanded upon before the section ends, when examining spending patterns of girl.

Girls also spoke of receiving some sort of cultural recognition that comes with doing business, which comes in the form of respect from the husband.

Excerpt 8

What I like is living peacefully staying in one place and I like seeing that I am getting change [small money] and spend (laughter). If you have money, your husband will look at you with respect. It's the issue of money (Aishatu, FGD)

In this instance we see how something having to do, having a business as alluded to above, is a way of gaining respect from a husband where a young wife will be seen as hardworking and being resourceful, and thus be respected. This desire to have an IGA might also extend to expectations of the community. Cole and Mack (1991) state that within the Hausa culture, “a woman in her child-bearing years without a trade is an anomaly, and so too an old woman without her own financial resources is an object of pity” (p. 125). Thus, a woman might be expected to have a trade, and still contribute to the welfare of the house *but not to the extent that* some of the girls have to go to, especially in light of added responsibilities based on the excerpts above. It may also be a way to gain the respect of her husband when she may be seen hardworking. A trade might also explain why Zakaria (2010) reports that idleness is discouraged among women in Northern Nigeria, especially among the Hausa, where virtues of industry and resourcefulness are equally expected of married women (Ezumah 2003). This business is seen as a source of money but also as having something to do. This is closely linked to the concept of “self-worth”, a concept that is largely reflected in PADHI’s view of wellbeing. For example, in their research on wellbeing in Sri Lanka, they found that women closely evaluated their self-worth with their ability to work, go to school, or fulfil social and familiar roles in the family (PADHI 2009, p.15). In addition, Sarah White’s (2010) framework on wellbeing, which includes “experiencing self-worth” as an element of wellbeing where people experienced self-worth by fulfilling duties towards family members, is considered.

The next section below begins to show some other effects that having a business might have on the girl as relates specifically to agency and autonomy.

7.3.1 Having your own: Agency and wellbeing.

As we have seen in the literature review (Chapter 2, section, 2.8), agency is linked to and considered to be an integral part of wellbeing (Segal 2009; White et al. 2012), where people have the ability to make purposeful decisions about their lives. This can also relate to pursuing the wellbeing of others, as highlighted by Sen (1993, pp. 35-36) and in chapter 5, section 5.3.1. This is an element that is presented in this section where the excerpts below will suggest girls exercise a certain level of agency, which stems from a personal source of income that is separate from that of her husband.

In the following excerpts four girls reflected on their lives after having business.

Excerpt 9

Interviewer: What areas in your life do you need help with?

It is only one need I have...with my kids. I can pay for their fees so no one will delay me.

The thing is if I am sick I don't wait for somebody. If I am sick I will just take my money and use it or if I am hungry, my husband is doing his work, I won't leave myself with hunger, I spend on my stomach. I can't wait for anybody I'll do myself (Salatu, 20; Interview)

10

Interviewer: How does owning a business makes a difference or help you?

"..... And know when you are doing business and you have your own money, you can't sit down and wait for your husband" (Maimuna, 18; Interview)

Interviewer: How does owning a business makes a difference for help you?

“....Like the need in your house. If he gives you money for food and the money is not enough.

If you want to cook good food, you will use the money for to buy ingredients to add. That one will help you. You won't wait for him and ask him. (Fareeda, 20; Interview)

The excerpts above show that having a business gives a girl decision-making power, and as such limits her economic dependency or reliance on her husband. This is referenced in her ability to *zanyi da kaina* (meaning *do it for myself in Hausa*). These also indicate the autonomous element that comes with having a source of income, where girls are able to make decisions that affect both themselves and their children, without having to wait for their husband's financial support. Geloo (2008) reported that in most African countries, when women had IGAs and earned money independent of their husbands, they felt powerful where the exact nature of this power was mirrored in decision-making abilities that come with their ability to earn money separately. We also see some elements of autonomy here where autonomy has been described as the ability to obtain information and make decisions about one's life (Dyson et al. 2003), where these girls are able to decide which ways the money they earn will go. This is an interesting finding, as some reports within the Hausa culture indicate that most women do not have control over the money that they obtain, as they regularly give money from their IGAs to their husbands (Coles and Beverle 1998; Zakaria 2001), having little control over the money that they earn. Renee's (2004) qualitative study of women in Kano also reported that women who worked hard to feed their family through their own means were respected as they did not have to rely on anyone else for financial support.

Agency and wellbeing is also seen where people can have options and make choices that would foster their wellbeing (Kant 2010). White et al. (2012) also suggests that agency is fostered by feelings of competence and self-worth among other indicators. The ability to make decisions within the household has also been noted to be one of the “measures” of agency coined as “decision-making agency” (Kabeer 2000), where this was “noted” in asking women about their roles in decision-making. In Nigeria, as well as other parts of the world, a marker for said decision-making abilities can range from making household purchases to negotiating whether to take children to the

doctor (Kritzet al. 1997 cited in Kabeer 1999), among others. Thus, this begins to suggest that if girls are making such decisions, they might be exercising some form of agency at the household level. Gough et al. (2006) also argue that people exercise “autonomy of agency” defined as “the capacity to make informed choices about what should be done and how to go about doing it” (p.14). This is reflected in how the girls go about making money to meet needs, and how they become resourceful in the ways that they meet said needs.

The ability to make not only decisions but *timely* decisions based on the availability of a girl’s personal money has some implications on her health and that of her children. In Chapter 4, section 5.4 under “*Forms of telling: Dynamics of social relationships*”, using excerpt 29- 30, I argued that apart from cultural reasons (particularly the Hausa culture where women are generally required to seek permission from their husbands in matters relating to their movement within and outside the community), the concept of “telling” husbands of illnesses might reveal a somewhat strategic move employed by the girls. This apparent strategy I argued might be in the form of seeking funds for treatment, where husbands were sought after to contribute either in part, or fully, to the cost of healthcare. In most cases, the husbands either contributed small amounts of money and the girls had to come up with the rest (in some cases the larger share), or he did not contribute any at all, as reported by the girls. With girls having businesses however, it puts them in a position where they can go about meeting their own health needs without waiting for the husband to fund their health care, if he chooses not to or contributes little to this.

In the excerpt below, Salima who was suffering from an ailment, recalls how she handled this and how long she had to wait due to a lack of money on her part.

Excerpt 12

Interview: What happens when you cannot meet your needs?

I will just be bearing it [saifa]⁷⁰ like that till the day I get money. It disturbs me sometimes for 5 months (Salima, 23; Interview)

⁷⁰ Saifa is a Hausa word that means swelling of the stomach; specifically understood to be the swelling or enlargement of the spleen.

The excerpt above suggests that the girl when she has money does not have to wait too long to address a problem that she might have when she can use money from her business to take care of her needs. The girls who seemed to inform their husbands of sickness, arguably to seek more finances, were for the most part not engaged in income generating activities. This again suggests that having a business might give girls more leverage or “bargaining power” within the home to be able to make [timely] decisions regarding their health among other issues. Furthermore, a body of literature has considered the effect of the bargaining power of a mother where access to resources impacts the health, nutrition and ultimate survival of the child (Kishor 2000; Linnemayr et al. 2008; Smith et al. 2003; Beegle et al. 2001; Eswaran 2002; Dancer and Rammohan 2009; Shroet et al. 2009). Mothers dedicate a large share of their budget to their children's needs, significantly decreasing the risk of child mortality (Maitra 2004; Fantahun et al. 2007; Hossain et al. 2007; Kabeer 2010). This has implications on the importance of having an IGA as this shows its relevance in everyday life and wellbeing of the family.

It also means that agency and autonomy can be by-products of this choice, where the desire to meet one's needs, and to take care of the household and family members is the basic priority, and other results are by-products. So, while an IGA might be an empowering concept that a woman engages in, some women did so simply because it is a pragmatic thing to do in light of pressing needs in the house. So, when husbands directly refuse to provide for the family, as seen in excerpts 5 and 6, finding some form of business to do seems like the next pragmatic move on the part of the girl. This points not only to pragmatism but resourcefulness in the face of lack of finances [or largely poverty] in this context.

In exploring the concept of resourcefulness of women in seeking to meet the needs of their households, Kabeer (2000) points out that when one is faced with a shortage of a means to meet a need, the luxury of choice is taken away. Hence, these virtues - resourcefulness and resilience - become or are adopted as a means of survival in the overall context. Looking at this argument in light of the excerpts above, and the next excerpt, below, we can see how a girl looks for options to make ends meet. Furthermore, how people become resourceful in impoverished circumstances has also been proposed as a way of understanding the resilience of people (Camfield and McGregor 2005).

Excerpt 13.

Interviewer: what kind of support do you need as a young married girl?

Hauwa: If I can get capital to buy a fridge and start selling things for #5, #5 naira (approximately £ 0.02) things like that... or open a shop in front of my house and be selling things. Because we can't finish school that will help us to get a good job, that we can work and get money that is why we have to look for business to do so we can get money at the end of the day and help ourselves, young married girl (Hauwa, 23; FGD).

Hauwa's reference to "*If I can get capital to buy a fridge and start selling things for 5,5 naira) or things like that... or open a shop in front of my house and take and be selling*" might indicate what girls might want to do if there is money, as arguably, one source of income may not suffice here. These girls, in a bid to be resourceful, do not only stick to one means of getting an income in order to meet needs. Keeping in mind that these are done alongside domestic duties, this raises questions of work and wellbeing in this context. In previous chapters, the girls referred to instances when their domestic labor alone had implications on their physical health. Hauwa also refers to missed educational opportunities as influencing their decisions to have IGAs.

References made to food in this context are worth exploring as they might relate to food security. Food security is defined as "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life" (FAO 2002). Thus food security has to do with availability and access to food (seen in excerpts 2, 8 & 10 - "*If I am hungry, my husband is doing his work, I won't leave myself with hunger, I spend on my stomach*" & "*.....If you want to cook good food, you will use the money for to buy ingredients to add*").

Other excerpts in previous chapters also mention the importance of food in response to questions around the importance of money.

Excerpt 14

“If person get money fa P8 If I get money I eat what I want... good food (See excerpt 1 in chapter 5)

Excerpt 15

If there is money there is nothing one cannot do. Yes everything is money. If you have money you will all eat good food.... healthy food (Assibi, 23; FGD).

Food thus seems as a concern for the girls interviewed. This is important as the availability of food or the lack thereof can affect wellbeing in various ways. It also begins to tie in with the “stuff” of wellbeing highlighted in section 7.2. A study in Ethiopia (Hadley 2008) found that with women there was an association between food insecurity and high levels of anxiety. Odii (1996) has also stated that in most Sub-Saharan Countries activities that women undertook to support their families determined how much food was available for the household. Relationships are also integral to understanding that wellbeing is an outcome come of what *happens* in a relationship. In other words, the dynamics in a relationship have an influence on the wellbeing of an individual. In excerpts 2, 6, and 8, we see how the dynamics of the relationship between a girl and her husband say something about her “choice” to look for money “*Your husband can bring quarrel because there is no money but if you have business with your own money no problem*” (excerpt 2 in this chapter); and “*The problem I have with my husband is that because I am staying at home doing nothing. Because I am asking him to give me something for the welfare of the house...to make it grow, He will say “No leave me alone” and it will bring trouble here and there. He will say that he cannot take His money and give me that I should use my own (excerpt 6 in this chapter); and “If you have money, your husband will look at you with respect. It’s the issue of money” (excerpt 8 in this chapter).* The excerpts here show how these relationships might can be strained due to lack of money for the girls which arguably and motivates them to look for a means to take care of themselves and their families. So, they seek material wellbeing, money or a source of income, to take care of themselves.

In other words, if money is a source of contention in the wellbeing of the girl, she will look for ways to address this so as to facilitate her wellbeing and that of her family.

7.3.2 Household economics.

Examining household economics can open a room or set a platform for a more direct analysis of gender dynamics in the household (Gammage et al. 2016). Moser (1998) has indicated that the household is an “adaptive institution for pooling incomes” (p. 11) where when the household income is not enough, women commonly join the labor force. The nature of this adaptability is tested here, as girls who might have expected to move to better circumstances (refer to Becker’s argument in Chapter 5) have to adapt to become resourceful. Becker also presents the household as an “altruistic unit” where individual utilities are pooled together for a joint welfare of the home and incomes are pooled together to form unified budgets (Folbre 1986 in Kabeer 1999), with all members of the household seen as a single unit that makes decisions (Sen 1990).

However, through Excerpt 2 *“He will come back quarrelling and if I have money and my children, I will just stay and be helping my children; Excerpts 6 “I am asking him to give me something for the welfare of the house...to make it grow, He will say “No leave me alone” and it will bring trouble here and there. He will say that he cannot take His money and give me that I should use my own & Excerpt 7 “If I inform Him, He will say what do you want me to do about it? Is he not also your son? Take Him to the hospital...”* we see that in this context, we cannot assume that resources will be pooled together, as in some cases; wives appear to “fend” for themselves, and also look out for children, as well as added family responsibilities. This is not to say that the husbands do not take care of their families, as in Excerpt 5, the participant mentions *“In some cases I see the man will not provide for all the needs”* which indicates that the husbands take care of some responsibilities. However, the way the girls interviewed talked about finances indicates how households function in this setting, where they have added responsibilities, which they arguably might not have expected. This is important as this might help to inform economic policies that target poverty in this setting to better understand gender roles and how these affect women in this setting. Furthermore, the household has mostly been treated as an “individual unit” where a husband can be seen as the altruistic dictator (Kevan 2014), with the identity of the income generators within the home seen as irrelevant (Kevan 2014). However, exploring who earns what and how this money

is spent can reveal priorities in the home. This reveals that studying income in the household can show how the welfare of the house is being catered for as relates to the person (or people) earning the income.

7.3.3 Women's work

Although dated, Moser (1969) adequately captures the nature of work that women undertake and highlights the benefits of this work to her family as a whole. In many low-income households, women's work includes not only reproductive work such as (the childbearing and rearing) which guarantees the survival of the labor force but also productive work, often as secondary income earners. When there is an inadequate provision on basic amenities or services, women not only suffer the most but are also obligated to allocate the limited resources to ensure the survival of their households (Moser 1989).

As we have seen in section 7.1, a source of income is imperative to a girl's wellbeing. However, it is important to explore how these girls access capital for businesses and assess how/ if it has an impact on her wellbeing. In the course of the study, the issue of receiving loans from informal groups came up which was highlighted in the issue matrix and in Excerpts 3 & 6. Informal savings and credit associations have long been noted in Africa where women work with other women (Momsen 2004) to save money, and then disperse the money as loans to be paid back within a stipulated time. This is a staple in many communities in Nigeria and Africa as a whole, so although it was only briefly mentioned, by about two girls in the group, I decided to explore this because of its relevance which will be explained in the next few sentences. Although microfinance and loans might be helpful to girls, Kabeer (1999) has noted that this loan does not necessarily lead to the empowerment of the woman. She makes this argument, laying emphasis on the intricate connection between empowerment and disempowerment. This is highlighted in a woman's ability to control spending after a loan is collected. This is indicated in excerpt 6, "*...Sometimes in some conditions, I borrow and take to him then I give them back*", where a girl obtains loans through her social connections and is thus not able to control how it is spent. When she is further left with the responsibility of paying it back, it can constitute a problem. This is what Akhter (2000) refers to as the feminization of indebtedness where women are responsible for repayment of loans they have no control over. This will have an effect on wellbeing where a woman is placed under added pressure to pay money back, which she had no control over spending in the first instance. Thus, for

these girls that mentioned borrowing and the additional marital burdens that came along with it, access to capital or loans does not necessarily lead to autonomy but further oppress and suppress the girl with the burden of payment. Furthermore, Hanmer and Klugman (2015) argue that access to resources can also lead to self-worth, which further proves the interrelatedness of the domains of wellbeing as outlined in chapter 2 section 2.7.

7.4 Conclusion.

This chapter has sought to understand how income generation is related to wellbeing by exploring the subjective, relational and material aspects of wellbeing. We also see that the nature of activities a young girl partakes in or does not partake in further highlights her status in the society, and how she is viewed as a woman. Although most of the girls refer to subjective elements of wellbeing, it is also useful to look at this in relation to other related factors, namely relational and material factors which further provide a broader picture of her overall wellbeing. This chapter also holds importance in the wider development context, as studying women's income within households is important not only for understanding their ability to be resourceful and resilient, but also the way in which their economic activities, no matter how small, contribute to economic growth. The analysis above also shows that girls who seek to own an IGA do so for various reasons such as obtaining a source of income to meet immediate needs (hence pragmatic), where in some cases, empowerment, autonomy and agency as by-products of their decisions. The discussion on wellbeing, business and income might have the tendency to look like an actor-oriented approach, as it focusses on the girls alone and the decisions they make. This focus might avoid the structure in which girls are located. I have briefly touched on this, highlighting the influence of religious and cultural institutions with their context. I have also tried to steer clear of the actor approach alone, and I will pick this up further in the next chapter, showing how these decisions can or may be influenced by wider external factors in the girl's environment. This focus on households and how women tend to be resourceful in the face of a lack of resources begins to point to a gendered nature of poverty, where women suffer more consequences and are placed further in a state of inequality by virtue of their gender. This state of inequality is exacerbated by religious requirements that limit their mobility and hence arguably their economic opportunities.

Finally, the way in which the girls above talk about wellbeing and its relation to income and finance suggest that it may be fruitful to situate the discussion on wellbeing and IGA within an

understanding of livelihoods. Livelihood as a concept consists not only of income generating activities carried out by a household and individuals, but also people's capabilities and mechanisms of access to resources. The approach also explores social institutions in which these households and individuals exist (Avnimelech 1998; Ellis 2000). Thus, the concept goes beyond just making money but explores broader contexts in which money is and can be made by women.

The next chapter will seek to bring together the discussions on the empirical findings in this thesis and conclude the thesis with a discussion on areas for further research and policy recommendations.

CHAPTER 8: Discussion and conclusion

8.0 Introduction

My research has attempted to focus on and facilitate a better understanding of the lives of young married girls in North-Central Nigeria, both at the time of marriage and afterwards. Throughout this thesis I have argued that such a focus on the lives of young married girls, moves away from looking at these girls as statistics, used to strengthen arguments targeted at ending early marriage. Instead a deeper investigation into their lives is necessary to understand the realities of marriage at an early age. To achieve this, I analyzed the various perspectives of 24 girls who were married as children/adolescents, living in a rural part North-central Nigeria where Islamic religious practices, as well as cultural ideologies of the Hausa people with regards to marriage (see section 2.3; 2.4 and chapter 5) are espoused. My analysis paid attention to three main concepts: agency, health and wellbeing. Firstly, I highlighted the decision-making process at the time of marriage: who makes the decision and what are the circumstances influencing said decision. Secondly, I investigated the process by which young girls conceptualize health as well as an exploration into how they address their health issues. Finally, I explored how wellbeing is conceptualized by the young girls in this study. My findings pointed to an exercise of constrained agency by young married girls who made decisions to marry based on present circumstances (such as no money for school fees), which left them with little or no choice in the matter of marriage. I also explored various constructions of early marriage held by the girls, who pointed to both cultural and religious expectations and frameworks, such as the ideal time to marry, the seeming stigma that comes from being young, idle and unmarried, all of which act in concert to ultimately shape their perception of marriage. Through this analysis, this study has provided a more nuanced way of looking at these constructions, which as I argued in chapter 5, can aid in a better understanding of how the decisions to get married in this context are made. In line with the notion of agency, I briefly explored how and if young girls are able to exercise agency after marriage, where it was seen that having a means of livelihood was a way in which girls could have a say, or lead decisions concerning themselves and their children. These decisions spanned issues such as when and where to seek healthcare, and the ability to purchase good food for themselves and their families. In an attempt to further understand wellbeing as conceptualized by the girls in the study, I made sense of my analysis using White's framework of wellbeing. The analysis pointed to the importance of material/physical aspects of wellbeing,

including access to these material and economic aspects of life such as a means of livelihood as well as the nature of relationships that girls have and how these influences their overall wellbeing. Finally, I explored how girls' experience self-worth through their ability to fulfill social roles and responsibilities. The aim of this chapter is therefore to tie these findings together, as I conclude this thesis.

The chapter is structured in the following way: first, a nuanced discussion on agency and the notion of resistance is presented and this is then linked to discussions of early marriage. Next, this is linked to how girls in this study exercise agency both at the point of marriage, and after marriage. In relation to decision making, I will briefly reflect on and apply the theory of structuration to the findings in this study (See Chapter 2 section 2.9) I will present a picture of what wellbeing looks like from the viewpoint of the girls in this study. This draws attention to what wellbeing means to the people who are being researched (Atkinson et al. 2012; Thin 2012) thus further contextualizing the concept and avoiding broad generalizations of wellbeing (Atkinson et al. 2012).

The next section seeks to briefly discuss how agency is conceptualized as relates to the findings of this study.

8.1 Contextualized Agency

As reflected in chapter 2, section 2.8.1, it is important to explore other ways agency is exercised, as opposed to only recognizing and celebrating it, when it is displayed in relation to the toppling of power structures. This therefore begs the question "what happens when agency is located in a structure that enables subordination?". In other words, what happens when someone exercises agency or makes a choice, which favors a life of perceived subordination? Granted, this question can be asked from a viewpoint of an "outsider"⁷¹ of the culture in question, who already has a preconceived notion of what subordination is, and who might ask why someone might "actively choose" or make choices that enable them to be subject to this subordination.⁷² However, studying various displays of agency, and paying particular attention to the context surrounding choices being made, can reveal a host of factors that influence decisions that are made in various situations. In

⁷¹ By an outsider, I mean someone who has different preconceptions ideologically, socially, sociologically as well as culturally.

⁷² I should add here that exercising agency in favor of situations supporting subordination does not equal choosing to be subject to subordination

summary, agency is not only exercised in resistance to structures, but its display can be in harmony with the very structures that one might expect an individual to rebel against. The argument against early marriage is often based on a variety of issues faced by girls (See Chapter 2, section 2.3 and section 2.5). These include but are not limited to a) loss of human rights or dignity (see chapter 2, section 2.3), b) an end to educational opportunities, c) limited economic prospects, d) increased risk of physical violence (see section 2.3.3), and e) increased health risks, especially at the time of marriage (WHO 2011; UNFPA 2012; Godha 2013). Other arguments also suggest that early marriage is both caused by, and facilitated by gender inequality, which is entrenched in traditional values and religious expectations (see chapter 2, section 2.3.2).

Given these challenges, the question arises: why would a girl “choose” to get married if she is to face all these issues that many campaigners so passionately fight against?”. Firstly, recognizing the nuance of choice, illuminates the realities of life for young girls in relation to family responsibilities, the burden of poverty, as well as an adherence to cultural values. This therefore in shows the various realities faced by girls in relation to poverty (as personally perceived by the girls), and furthermore highlights the complexities that exist in the fight to end early marriage. Referencing poverty, Roy (2015) as outlined in Chapter 2, section 2.3.2, argues that culture and tradition in many cases are used as surrogates or substitutes for understanding and exploring power dynamics and structural factors that strongly determine the status of women and girls in the global south. She further argues that it is easier to save women from culture than truly appraise, evaluate and systematically target the feminization of poverty, which is common in the developing world. In other words, early marriage is largely seen as a traditional harmful practice, rather than one mostly borne out of poverty (see chapter 5, section 5.3.1). This might have consequences for how it is being addressed by researchers and campaigners. Analysis in this study show how girls actively try to negotiate conditions of poverty, and that one way of doing this is to get married. In this light, more attention to poverty in this context appears to be a more sensible approach than trying to free girls from cultural oppression as seen in some excerpts in chapter 5.⁷³

One unique element of this thesis is its contribution to knowledge around the decision-making process at the time of marriage, which therefore introduces discussions around the agency of the

⁷³ While there are a few programmes that reach women in an effort to curb poverty, they are limited in their effectiveness in addressing the challenges of early marriage.

young girl. Majority of literature on early marriage is associated with the exclusion of girls from decisions on when and whom to marry. Only a few studies have delved into understanding the decision-making process at the time of marriage from the perspective of young girls (See table 3, Chapter 2). Young girls, either on a global or a local level, are not typically seen as able to consent to these practices i.e. marriage by virtue of their age. However, the findings in this study (see chapter 5) demonstrate that girls are able to make decisions pertaining to marriage and exercise a sense of agency in doing so. Madhok et al. (2013), however, cautions against “naïve celebrations of agency” (p. 3) without a contextual understanding of how certain situations can be more enabling or constraining in the exercise of agency (see chapter 2, section 2.8). Understanding how these girls make choices can also help to further understand agency, which ‘extend the very oppositions and exclusions of “victim/agent; ... active/passive’ (Hemmings and Kabesh 2013, p. 29). This therefore means that when agency is found in unexpected places in the south, it is no longer a surprise especially when speaking of Islamic women. These preconceived notions and surprise expressed at agency exercised in these unlikely places, further serve to perpetuate the notion and serve the stereotype of the global south being populated with powerless and oppressed women. Philips (2013) also states that everyone has potential to exercise agency as “anyone not in a coma has this” (p. 143). Haraway (1989), as outlined in Chapter 2 section 2.8, an influential feminist theorist, offers a perspective of agency and takes a tone that can be also adopted in making sense of this study. She argues that if scholars (and indeed people outside the field of academia, for example, campaigners) do not admit that females in these circumstances have or express forms of agency, they are possibly re-enforcing social constructs that see females as naïve, under a spell of hegemony, or suffering from false consciousness. Also, although a woman’s agency has the ability to bring about change that challenges dominant male power, women can also choose to make decisions “which further reinforces traditional power relations” (Thapan 2003, p. 82) which highlights the concept of cultural agency (see chapter 2, section 2.8). Before marriage, agency is often/usually displayed when there is a lack of financial resources, and after marriage, agency is displayed when there is a source of income and a means of livelihood. In all these scenarios, young girls do not make a decision in their own best interest only but think also of how their actions will affect their families, economically. This means that economic aspects of life go a long way in influencing displays of agency and also means that decisions are taken for group and communal benefit as opposed to purely individualized benefits.

Reflecting on the conceptualization of agency in Chapter 2 section 2.8, a concept of ‘thin’ agency can be adopted where these decisions to get married have taken place in restrictive contexts, such as lack of finances with little to no alternatives in life other than marriage at an early age. Thus, in individuals, the expression of agency is imperative to adapt to life circumstances. Johnson- Hank’s study (2005) of young Cameroon women can also help to understand agency in marriage (See chapter 5, section 5.3.1). She investigated choices in relation to marriage and fertility and reported that “what works is not the best strategy but the most flexible...and that permits the actor to act rapidly and flexibly to take advantage of whatever opportunities arise” (p. 377). This can be related to this study also as some girls did not posit marriage as a first choice, but as something that they did after their plans for their education did not work out. Young girls choose the only strategy available to them or the next best option to them at this point in their lives, i.e. marriage. Through this process of decision-making, they become problem solvers, can be seen as strategic thinkers and able to critically appraise their situation and make life choices based on their present life situations as mirrored in Segal-Engelchin et al.’s study (2016). Segal-Engelchin et al. (2016) reported that these girls in their study (see chapter 2, table 3) who chose to get married, were not passive victims of society but rather making practical or pragmatic choices in light of the limited alternatives at their disposal.

Abeyasekera’s (2016) study of young urban middle-class women’s decisions on marriage (See table 3 and Chapter 5, section 5.3.3) discovered that behind young girl’s desire to be seen as agentic, lay a sense of obligation to family, to fulfil societal roles by making the right choice⁷⁴. As seen in chapter 5, decisions to get married are not just seen as a choice to benefit oneself alone, but one taken to ensure the families’ survival. Furthermore, as we have also seen in chapter 3, section 3.6 and chapter 5, section 5.2 and from the literature, young married girls are already seen as financial contributors in the home, from an early age. While Abeyasekera found agency as a burden in her study, I suggest from the findings of this study that agency is seen as a responsibility to fulfil familiar roles and responsibilities. These displays of agency therefore begin to see these girls as social actors who make decisions for the good of the family. Their constructions of marriage are also seen as something that is good, something that their religion expects them to do. In the literature review, section 2.3.1, I showed how various international instruments underpin the fight

⁷⁴ Although this was explained in the context of arranged marriages, the concept of feeling a sense of obligation to family by way of marriage can also be borrowed in this study.

against early marriage and how this is usually cited in various studies and campaigns. As the findings in this study have shown, young girls exercise agency in relation to marriage and this action largely goes against the rhetoric used by many international instruments that seek to protect them from cruel and harmful practices (as it is presented in most cases) and liberate these girls to a life largely free of oppression. As argued in Chapter 2, section 2.3, human rights debates are located in the delicate balance between universalism and cultural relativism, with valid concerns as to how these can be applied in the global south and among various religions. While these instruments have good intentions behind their formation, they cannot be applied completely to non-western contexts in a straightforward manner. Furthermore, Murphy-Graham and Leal (2014)⁷⁵ (See table 3 and chapter 5, section 5.3.1) also discovered that girls who chose to get married were going along with traditional gender ideologies thus displaying agency as “accommodating” (p.17) and not as a resistance to socio-cultural norms and expectations. As noted in the literature review, early marriage is a practice, which is deeply rooted in gender inequality and borders on patriarchy. This argument has also been used to understand early marriage in the global south. However, as seen in the perspectives of marriage i.e. chapter 5, excerpt 17, marriage is something that is good and seems to be something that the girls value. Studying marriage wellbeing and agency in the slums of Delhi, Thapan (2003) also discovered that women celebrated their agency by their very articulation of it. This was evident in some of the accounts of girls in this study such as “Nobody forced us to marry” (Chapter 5, section 5.3.3)⁷⁶. As we have seen above, agency is something that is done to achieve a goal. If young girls for example, are deciding to get married because religion expects this of them, that can also be classified as a goal (See chapter 5.3.2) Thus, dismissing or not paying attention to perspectives of girls in regard to the influence religion on choices will not be helpful.⁷⁷

As this research engaged with girls 10 girls below the age of 20, a discussion on broader definitions and constructs of childhood is warranted (as outlined in Chapter 2, section 2.3.1) and is explored below.

⁷⁵ See table 3.

⁷⁶ This statement was made by one girl I met in this study, almost as an exclamation. It came across as almost defiant, where the notion/assumption that I was asking about early marriage to ask them to put a stop to this practice seemed offensive to her sensibilities.

⁷⁷ However, it is not just people that live in the global north that view women as oppressed and suppressed, but indeed according to the discourse within their own communities, women are seen as oppressed, viewed as second class citizens who are not able make these decisions.

8.2 Childhood and Agency

Although women of the global south are largely seen as oppressed and vulnerable, childhood studies have taken a more global orientation in the past twenty years demonstrating a broad cultural diversity in describing children's lives (Qvortrup et al. 2009). This global approach acknowledges that children do not merely exist in a vacuum, or simply within families, but in social domains that reflect even broader social processes (James et al. 1998) see Chapter 2, section 2.2). Within this scholarship, Abebe and Ofosu-Kusi (2016) argue that African childhoods in particular are portrayed as “crisis childhoods” (p.3) where discourses surrounding Africa tend to portray the continent mainly in light of the AIDS epidemic, civil wars, famine and corruption. Indeed, a lot of attention on childhood in sub-Saharan Africa has focused on “marginalized childhoods or children living in difficult circumstances” (Imoh 2016, p. 456) see chapter 2, section 2.2. While these are useful and valid, they often portray children negatively and mostly as innocent and vulnerable with little or no agency. Thus, children in African contexts are seen to be in need of saving and childhood seen as a state requiring intervention. This characterization they argue creeps into research where the experiences of children in these contexts are defined largely by challenging circumstances therefore flattening the diverse experiences of children and masking the multitude of childhood experiences that exist in the global South. So, even though early marriage is seen as violating ideals of what is considered normal childhood (Burman 2008) see chapter 5, section 5.3.2), the experiences of childhood in western contexts are not necessarily normal in the global south. In other words, instead of describing childhood in these contexts with a sweeping narrative based on western ideals of childhood, the contexts need to be understood so as to know how best to address issues relating to early marriage.

As highlighted in chapter 2, section 2.3.1, in the case of early marriage, recognizing these girls as social actors who make choices to get married is more beneficial than looking at them as only vulnerable and helpless. Furthermore, as argued in chapter 2, childhood should not be defined only by age but should take into consideration the social framework in which the children live. Thus, in the context of the findings of this study as relates to agency, childhood cannot just be defined by chronological age but also considers social life and contexts (Christiansen et al. 2006, p.12). This addresses the complexities and distinct nature of childhood in African contexts as relates to early marriage.

In summary, the very notion that agency is displayed by girls at the time of marriage should call for a more nuanced way of viewing this practice especially as told from the perspective of young girls. This display, however, does not entirely see young girls as free agents, who act based on free will, but rather as individuals who make decisions which are influenced by the contexts in which they live, and the life situations that they are subject to, thus having a culturally embedded form of agency (Korteweg 2008).

The next section attempts to analyze the findings of this study through the lens of structuration theory, which supports the view that both agency and structure can further explain human behavior. As Ahearn points out, “scholars often fail to recognize that the particular ways in which they conceive of agency have implications for the understanding of personhood, causality, action, and intention” (Ahearn 2001, p.112). An examination of the context to which these decisions are being made helps to understand how agency is exercised, and how structures influence actions. These are presented below.

8.3 Reflection and application of the theory of structuration.

The findings in this study shows young girls are located in their environment and offers a good explanation as to why these choices are made regarding marriage. From findings in chapter 5, the purposeful action to choose to get married is mirrored by the environment which allows, accommodates and even facilitates the practice of early marriage at an early age. To illustrate the point on how various contexts might constrain or enable an individual’s action, it can be argued that for a girl faced with financial difficulties in HICs, the next available option *may* not be marriage at an early age. However, in this context, the fact that religious and cultural frameworks support and encourage this practice, can act as a facilitator or act as a frame to understand a girl’s choice to get married. As Sen (1985) points out, how women see themselves especially in light of what they want to be and do, is largely dependent on the circumstances surrounding them and options at their disposal (see section 2.8.2). Furthermore, in assessing the lives of people, poverty can be an indicator in which we understand how people struggle with the realities in their worlds. This is highlighted in the context of girls choosing marriage as a second option as she settles for less than what she originally planned for (see chapter 5, section 5.3.1). Here, a young girl calls on the rules in the social order, assesses and locates her options within the framework and is then able to make

a choice based on these socially accepted options. Giddens theory of structuration can help to understand how choice is influenced and shaped within a particular structure. Giddens mentions the recursive and repetitive nature of human action within an environment, where this environment enables an individual to repeat these patterns. Married girls pointed to the fact that they had already previously engaged with the idea/thought of early marriage (consciously or unconsciously) as it was something that they had experienced or met their parents doing. Thus, their engagement with this idea was as a result of contextual factors (traditions, moral codes) that they interacted with, be it in the form of social norms/ expectations of marriage, framed in religion and culture. This indicates that marriage in this context is a repetitive action bearing similar generational patterns and as such, the environment only seeks to serve or accommodate the concept of marrying early. Thus, marriage can be seen as a formula/ technique for negotiating one's existence in the society, where young girls are constantly reassessing their knowledge of the system and finding their place in it. In some cases, within this system (i.e. marriage), a girl is expected to marry as a virgin (see chapter 2, section 2.3.2). In this thesis, however deviant cases of girls who got pregnant before they got married were observed (see chapter 5, section 5.4). However, it can be argued the girls' knowledge of the system in this case could contribute to this deviant practice. Referring to the geographical map of Nigeria (figure 3) northeast and northwestern states adhere more strictly to Islamic laws and traditions, where pregnancy outside marriage holds even more repercussion than states in the northcentral region. This might suggest why a girl in this context (the north-central), might undermine the system without complete fear of alienation or retribution. Furthermore, getting pregnant was also a means of pressurizing parents into accepting a decision to marry. This arguably means she understands the system and knows that pregnancy is a strategy to achieve her goal of getting married, as being unmarried and pregnant is not a fate that any parent would want for their daughter in this context. As seen in Chapter 5, section 5.3.2, identity plays a key role in choices to marry where a desire to keep a narrative going is strong as long as they are in line with group values. This means that codes, values, norms and beliefs that are held pertaining to early marriage by these girls are arguably inscribed from birth as the girl begins to acclimatize and become conversant with the structure in which she was born, that enable the practice of early marriage. So, when a girl takes action to be married for whatever reason, be it for economic reasons, love, cultural, or religions or an interplay of these factors (thus a focus on intersectionality see chapter 2, section 2.5), this decision to be married is integral to her identity within the group as a whole. Religion as we have seen in chapter 5 plays a key role in influencing perceptions of marriage. In

some cases, both religion and culture work together to facilitate decisions to get married. One such instance is seen in the concept of “staying” that many girls alluded to (see chapter 5, section 5.3.2). Rather than stay, they would prefer to be married and gain respect than remain at home and be ridiculed or labelled as promiscuous. So even though religion places expectations on girls (marry as a virgin, marry young etc.), it also provides a way for girls to be continually accepted in the community by adhering to social values.

The next section explores the conceptualization of wellbeing as held by girls in this study with a focus economic aspects, relationships and self-worth.

8.4 Conceptualization of wellbeing based on this study.

As argued in section 2.6 and 2.7 of chapter 2, and as White and Ellison (2006) propose, a core and universal component of wellbeing recognizes the vital conditions that are necessary for human flourishing. However, no matter how universal the concept of wellbeing is and what the core values might be, understanding wellbeing is contextual. Thus, one of the questions arising from the analysis, which guided the subsequent thrust of the research was to provide a deeper understanding of wellbeing per context. Below, the conceptualization of wellbeing as supported by the findings in this study is discussed.

8.4.1 Economic aspects.

As seen findings in chapters 5, 6 and 7, economic aspects of wellbeing are important to life as a young girl. In chapter 7, economic aspects of wellbeing or accessing resources, form a basis in which girls speak of wellbeing where they relate having money and a business, as a form of sustaining close relationships, obtaining self-worth, exercising agency as well enhancing physical and mental wellness. An emphasis on economic aspects by girls in this study is not surprising as research in the global south has shown that people will first make references to economic resources when speaking of their wellbeing (White 2015). While economic aspects of wellbeing are useful all over the world, it is important to note how exactly these material things make a difference in the life of a girl. Within this study, accessing resources, such as money, having a source of income and access to good food, is an assurance of peace, and contributes to financial stability in the home. Having a source of income also enables a girl to make decisions that she would not be able to make

in the absence of money, thus enabling her to exercise agency. As seen in chapter 5, early marriage does not necessarily lift families out of poverty, instead some girls carry on taking care of family members (i.e. parents, siblings) as well as their new families (husbands and children). In other words, the onus of financial responsibility arguably falls on her as she seeks ways in which to ensure the survival of both families in resource poor contexts. This is not to say that the husbands do not take care of their families as argued in chapter 7, section 7.3.1. It simply means that husbands do take care of some responsibilities but the way the girls interviewed talked about finances, indicates how households' function in this setting where they (girls) have added financial responsibilities they may not have expected to undertake. In this light, early marriage is a practice that facilitates the feminization of poverty (Whitehead and Kabeer 2001; UNICEF 2001) and subsequent intergenerational transmission of poverty (Guilbert 2013), as alluded to in chapter 7. In Chapter 7, some girls spoke of the importance of accessing resources for business and how this positively affects both their wellbeing and that of their children. However, while this access to resources is beneficial, the extent to which they are able to control the proceeds from the businesses is deemed of more importance in assessing the impact of a livelihood in resource poor contexts (Maertens and Swinnen 2008; Kabeer et al. 2013). By looking at households through a gendered lens, it can be seen that the greater access a woman has to resources, the greater her bargaining power within the household (Kabeer 2016), where she ensures that these resources are used in line with her preferences, which are arguably more altruistic than men (Kabeer 2016).

In summary, access to resources has a significant impact on the wellbeing of the girls where they in turn attempt to positively influence the wellbeing of their families. This means that relational wellbeing is a crucial part wellbeing in these contexts which further shows that all elements of wellbeing are inter-related as shown in figure 1. The next section explores relational wellbeing in this context.

8.4.2 Relational wellbeing

From my findings, relationships played a key part in assessing or contributing to the wellbeing of girls. Relational wellbeing as a concept, implies that it is culturally constructed and peculiar to a certain place and time (Atkinson et al. 2012). In understanding relational wellbeing, my findings show an association with concepts of agency. In other words, there is a strong link between

relational wellbeing and agency as indicated in chapter 2, section 2.8. Agency has been seen to be related to wellbeing on the basis that one does what he/she wants to do according to what he/she values. As Sen argues, agency and wellbeing are a different but intrinsic part of every individual. He defines agency as “what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important” (Sen 1985, p. 203). This is useful in this context as we can see from the findings, in chapter 5, section 5.3.1, a young girl’s display of agency is closely tied to discussions on relational wellbeing, where she makes decisions based on the wellbeing of her family members. Sen (1990) has noted that in societies where a sense of family or family identity is strong, it will be hard to understand what individual welfare alone is. As highlighted in section 2.3.2 and 2.6 of chapter 2, it is common for members of individualistic cultures to function independently from group members. However, within collectivist societies, which girls in this study belong to, members value relationships more and look for the greater good of the people within their “groups”.⁷⁸

As seen in the literature review, agency from a western perspective seems to have a more individualistic focus where an individual has the ability to act by his/her self for personal gain. However, in the context where this study takes place, individuals exist in wider systems of family and as such, an idea of working for one’s sole gain is foreign. This illustrates why choices are made i.e. to help relieve parents of stress, to provide more resources for other siblings by way of her exit from the home, and also to use her new-found status as a wife, and in some cases a business woman, to channel resources to her family (see chapter 5, 6 and 7). A young girl’s sense of wellbeing is not entirely dependent on her sense of self as an individual but also on the relationships she has with others. Girls in this study placed emphasis on their relationships, where findings indicate that they are likely to realize personal wellbeing as emerging from or resulting from familial wellbeing as seen in Chapter 5 section 5.3.1. Thus, choices made by these girls to get married do not entirely reflect that of a completely autonomous individual, but rather an autonomous bounded individual who is embedded in relationships (Abeyasekera 2016) see chapter 5, section 5.3.1. Although this might be seen as a source of pressure, i.e. being the one to give up dreams and seeing yourself as the one to relieve or bring your family out of poverty, this can also be seen as empowering, i.e. being seen as the one who lifts the family out of poverty. To further

⁷⁸ This is not to say that members in individualistic cultures do not value relationships but rather, collectivist societies place more emphasis on relationship values.

make this point (feeling empowered), fulfilling social roles and responsibilities contributes to wellbeing (PADHI 2006). Thus, seeing that she is already seen as a financial contributor prior to getting married (see chapter 3, section 3.5 and chapter 5, section 5.2.2), as well as the emphasis placed on family and relationships in the society, she arguably experiences her own wellbeing through seeing to the wellbeing of others. After a girl gets married, the nature of her relationships with her parents and siblings can be seen to be almost co-dependent. She provides for her family financially (thus fulfilling her social roles) and in some cases when resources are meagre, leans on her family to assist her financially. This co-dependency is not however the same for all girls, as some girls only indicated that they were responsible for taking care of family members after marriage.

In terms of a girl's relationship with her husband, as highlighted in chapter 6, telling him of illness and sicknesses (and therefore seeking healthcare) seems like a dependent relationship, but this dependency on her husband is restricted when she has a business and thus she might be able to take care of her needs without having to wait for her husband. Her relationship with her husband is also seen to be strained when she is perceived to be idle economically, as an idle woman in this context has no respect with her husband (see chapter 7, section 7.3). So even though it falls on the husband to be the provider, she is expected to contribute to household finances and when she is not able to, this brings about strained relationships between herself and her husband. In other words, having her own money is important as she can better direct finances to avenues she deems important. Thus, having a business contributes to peace at home (section 7.3.1 chapter 7), helps her to gain respect from her husband and the community at large as she is deemed to be hard working and resilient. Thus, the nature of the relationship with a young married girl and her husband has an impact on her wellbeing which is also dependent on the material aspects of wellbeing.

Relationships with the fathers-in-law and mothers-in-law were not explored in depth in this research, although in the Venn diagram (Appendix 7), the girls showed that relationships with their mothers-in-law were often a source of anxiety. This is interesting to note, as in this case, in their role as new wives and mothers, they may not be able to pull from this resource in terms of knowledge and support as they transition from unmarried life to married life.

Living in the rural area of a poor country, informal networks and primary groups are constantly called upon by the people in the community. This comes into play when we see how young girls pull on their networks and social relationships when they seek to address the health issues (chapter 6, section 6.5.1). In assessing the relationships that exist between the young girls and nurses, maintenance of personal networks or social connections is a matter of survival. This is evident in childbirth, where relationships with healthcare professionals matter for the survival of both mother and child. This therefore shows how building connections are helpful and essential to the wellbeing of the girl in this context. The next section highlights another aspect of wellbeing identified in this study; self-worth.

8.4.3 Self worth

According to Hanmer and Klugman (2015), a woman's access to valued resources (such as a source of income) leads to a sense of self-worth as well as a heightened capability to make decisions in the home and gain respect in the community. This is in line with what was discovered in this study as a sense of self-worth was experienced by women who had access to a means of livelihood and access to resources thus earning respect from the community by virtue of their hard work. As Coles and Mack (1991, p.124) report, personal income is crucial to Hausa women for fulfilling social roles and obligations to those under her care. This sense of self-worth is not however limited to, or explained by, an access to material things but also, her ability to fulfill social roles. As explained in Chapter 2, section 2.7, girls also experience self-worth when they fulfill social roles. They make choices to get married and lift their family out of poverty. This, thus does not show these girls as victims, but rather as individuals who are able to help their families financially and therefore experience feelings of self-worth, hereby enhancing their wellbeing.

The next sections discuss issues related to health that young girls alluded to in chapter 6.

8.5 The Experience of marriage and health

The young girls in this study were seen to be living in a resource poor context where their husbands are not generating high incomes and therefore, their experience of marriages is strained, financially as they seek out means to contribute to, or finance aspects of their lives, thus contributing to the wellbeing of the family. This strain on finances is evident in a girl's quest to seek good healthcare

as she is left to complement or fund healthcare for herself (chapter 6). Here, her experience is made up a mixture of strategies housed within traditional values of respect, to adequately address her health needs (chapter 6 section 6.4). As outlined in chapter 2, section 2.3.4, young married girls are at risk of pregnancy-related complications because of their underdeveloped anatomies, which puts both the girls and their babies at risk at the time of marriage. Therefore, exploring a girl's experience of childbirth is useful at this point in her life. In some cases, a young girl experiences domestic abuse as evidenced in chapter 5, section 5.6). In this study, two cases of domestic abuse were reported and young girls at some point exercised agency when they felt they had to extricate themselves from this situation. It was not evident how long they had experienced this but concepts such as patience and respect were highlighted in interviews. These concepts have also been explained in chapter 3, section 3.5 (Renne 2004) so that while girls speak of patience towards husbands in their marriage, it might also point to a need to remain married and thus continue to garner respect from this marital status (see chapter 5, section 5.3.2 on respect in marriage).

In this study, how young girls construct health and illness is tied to their experiences and expectations of being women. They constructed health as an interplay between the ability to function in prescribed gender roles reflected in daily activities (Doyal 2002), having peace of mind (emotional), something based on the relationship one has with others, as well as being reliant on God and having money. The concept of choice as explained in chapter 2, section 2.8.1 also spills into the area of health care. This choice also reveals nature of the health system at their disposal (see chapter 6 section 6. 5). The weak health centers cited by girls in this study (lack of health personnel, limited drugs) means that young married girls might not have adequate and available options to address their health care needs. In summary health is conceptualized as interplay between the functional, the emotional, cultural the financial, the fatalistic as well as relational. The girl's traditional beliefs of modesty at childbirth also come into play here, which might hinder her from seeking help when she needs it.

8.6 Credibility and Transferability of Research

Transferability is the extent to which findings from one study hold in another context or setting (Bryman 2008). Throughout this thesis, I have attempted to be reflective and transparent in how I have approached this research and the data. Although ideally, I would have liked to interview more

girls and get a wider perspective of marriage in this setting, practicalities such as extended time on the field, financial constraints, as well as growing religious conflicts in the area, would not permit further collection of data. I have remained close to the data to ensure that I produce a body of work that is both grounded in the reality of girls who partook in this study, all the while, adhering to principles of qualitative research. I have sought to provide more insight into early marriage by adopting a rigorous methodology combining elements of GT and ethnography. Purposeful sampling and snowballing was used to select participants, thus providing a rich description of early marriage, as well as lengthy engagement with participants and data. The notions of wellbeing highlighted in this study can be transferable in similar religions, economic, cultural and political contexts in sub Saharan Africa. Also, the principles of agency highlighted in this study are largely limited in its transferability. As seen from chapter 3, this study took place in north central Nigeria where strict Sharia laws are not observed and as such the concept of choosing your own partner or when to marry, although in line with social norms, might not be totally applicable in other parts of northern Nigeria. However, the girls in this study arguably provide a basis for understanding the decision-making process as regards early marriage which is needed in contexts where early marriage is common. Furthermore, a study which took place in the far corner of Northwestern Nigeria (Callaghan et al. 2015) as well as other studies in similar Islamic settings in the world, (see table 3) found constrained displays of agency. This means that the findings of this study might be generally applicable in other settings by extracting qualitative principles and similar generated themes that can be used to analyze the situation of girls in similar settings.

8.7 Areas for further research

Decision making / agency early marriage in North-West and North-East of Nigeria: As was my intention from the start of my PhD program, I intended to carry out my field work in the North-West and North-East of the country where early marriage figures are higher and educational indicators low. Thus, it will be beneficial to note how, and if agency is exercised where educational indicators are lower. Furthermore, this study can be replicated with much larger samples in various regions of the country and beyond so as to further explore agency in marriage.

Targeted programs: as indicated in chapter 1, there is a general lack of effective programs and policy for young married girls and this research can contribute to an understanding of their

perspectives and experiences and as such can provide more streamlined services for them as a response to these needs.

Fragile states/ contexts: There is a growing body of work that begins to show links between early marriage and fragile states ⁷⁹or conflict zones (see Lemmon 2014). Although the region I carried out my research in was not what one would term a conflict-ridden place, it was and is still troubled by religious/ ethnic conflicts. Furthermore, the northern part of Nigeria where I had originally intended to carry out my research, has some of the highest cases of early marriage in the World (UNICEF 2009) and is presently classed as a fragile state (OECD 2013). As such, research into early marriage in such regions will be beneficial to examine whether this practice is an option that parents and girls consider in a bid to protect the honour of their daughters (see literature review section 2.3), especially in light of gender-based violence which is often recorded and increased in times of conflict. Research into these contexts can also be carried out to see how and if the weakened economic state (which plague conflict communities) motivates or drives parents into marrying their daughters out. Although this field is relatively new and has not yet become a fixture on the agenda of policy makers, it is imperative to find out how these regions affect the practice of early marriage as it can provide more insight with which to help these young girls.

8.8 Contribution to policy and practice.

As argued at the beginning of this thesis, a focus on young married girls is both an ethical and moral approach that sees these girls more than just missed opportunities in the campaigns against early marriage and recognizes the faces that exist behind the statistics. By seeking their perspectives and understanding that they are able to critically assess their life situations means that we get to know what they are thinking, get an insight into what their reality is and understand how they are coping in light of their present life situations. Furthermore, investing in young girls, both in research and programming, means a focus of their lives as new wives and mothers by creating quality health services that are accessible to young married girls which will also bode well for these girls and their children. Furthermore, campaigners on a path to end early marriage who push for education as a silver bullet to ending child marriage should also take into consideration the wider economic contexts that the girl lives in as the absence of money to sustain and support education is necessary for these messages to be effective. An understanding into their constructions of health can help to

⁷⁹ World Vision describes fragile states as “those where a government cannot or will not act on its responsibility to protect and fulfil the rights of the majority of the population, particularly the most vulnerable,”

understand how they address their health issues in resource poor contexts. Local health centers as well as PPMVs need to be strengthened, as these are more accessible to young married girls.

Exploring their conceptualizations of wellbeing means an understanding of what it means for them in this context and what facilitates or enables this. Of note, discussions on wellbeing are becoming increasingly important among policy makers, as they understand that this kind of research has the potential to provide a fresh perspective on what actually matters to people, thus help in assessing the impact of policies especially when it is told from the perspective of those affected. It can hereby provide a working template to understand wellbeing in developing countries especially as pertains to young married girls.

8.9 Conclusion

This thesis has added to knowledge in a number of ways. Firstly, it has provided a focus on the lives of young married girls, a population largely neglected in in terms of research, policy and programming with more focus given to their unmarried counterparts. This focus of the thesis has therefore added to efforts that seek to see these girls beyond the statistics that they largely represent in the fight to end early marriage. Secondly, this study has provided insight into the decision-making process at the time of marriage- a topic that is very sparse in the literature concerning early marriage. It has also shown us how young girls exercise constrained agency in making these decisions and largely shows how most girls, rather than parents make these decisions. This display of agency therefore contributes to a more nuanced way of exploring agency located outside what individualistic/western notions of agency espouse. Thirdly, constructions of health held by these girls and strategies to address their particular health issues has been presented. Fourthly, this thesis has also added to arguments surrounding wellbeing in the global south and provided insight into how wellbeing is conceptualized by young married girls. Lastly, by using ethnographic and participatory methods, this study contributes more to knowledge around methodologies as a combination of these methods are not entirely common.

Although my focus has been on married girls, I recognise that efforts that address married girls should workhand in hand with campaigners who seek to end this practice. This is imperative as an

exploration of contexts and choices can help to understand the nuanced ways that early marriage takes place as told from the the people whose voices matter the most: young married girls.

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Appendices

Appendix :1 List of Main Organizations working to end Child marriage.

<p>Girls Not Brides</p> 	<p>Girls Not Brides is a global partnership of more than 300 non-governmental organisations from over 50 countries committed to ending child marriage. Members are based throughout Africa, South Asia, the Middle East, Europe and North America and work on child marriage in many different ways – by working directly with girls and child brides in their communities or focusing on research and advocacy to bring greater attention to this neglected problem. By coming together in partnership, Girls Not Brides members are raising their voices to call for action on child marriage locally, nationally and all over the world.</p>
<p>Save the Children</p> 	<p>Save the Children works around the world to develop programmes to protect children and prevent child marriage along with other forms of risk for child abuse, trafficking, and exploitation.</p>
<p>CARE Global</p> 	<p>CARE is an international humanitarian organisation, which focuses on working alongside impoverished women. Part of their mandate includes directly addressing child marriage through targeting the provision of Education for girls. CARE works with families, communities and local organisations to reduce the prevalence and mitigate the harmful impacts of child marriage through educational and behavioural- change programmes.</p>
<p>Humanium: Help the Children – Global</p> 	

ICRW – USA



International Center for Research on Women (ICRW) is a leader among organisations advocating for the United States to become more involved in curbing child marriage. ICRW is working with the United States Congress and the administration to raise the profile of this issue and bring more national and international support to

end this harmful traditional practice.

Saarthi Trust- india



The Saarthi Trust was set up by Kriti Bharti an award-winning anti-child-marriage activist and women and children's rights campaigner who has been working to help children in Rajasthan for over five years. The Trust was set up in 2012 to address the child marriage crisis facing India. Kriti provides programmes, psychological support and education to women and children.

The Knowledge Hub on Child Marriage – India







The Knowledge Hub (KHub) is a web-portal exclusively focused on the issue of child marriage, designed to cater to growing need for evidencebased approaches on prevention of child marriages in India and neighboring countries. It provides an easy access to authentic resources for strengthening the policy and programmatic environment on the issue at the state and national levels as well as their implementation at grassroots. KHub is the process of GEPP – Getting Evidence into Policy and Practice. The concept of KHub is not only to build a repository of existing knowledge on current status but also to create new knowledge/ evidences that will demystify the immense base of strategic and technical knowledge that exists already.

World Vision – Marriage Later/Studies First Programme

World Vision



World Vision works towards the provision of global education for children who are at risk for exploitation, early marriage, and lower incomeearning potential. In Bangladesh, they address barriers to education and work with communities and local governments to improve the quality

<p>Forum for African Women Educationalists (FAWE) – Tanzania</p> 	<p>FAWE is a pan-African NGO working in 32 African countries to empower girls and women through gender-responsive education. FAWE works hand-in-hand with communities, schools, civil society, and ministries to achieve gender equity and equality in education through targeted programmes.</p>
<p>Vasavya Mahila Mandali – India</p>	<p>VASAVYA MAHILA MANDALI (VMM) was</p>
	<p>established forty years ago with Gandhian ideology as a secular nonprofit voluntary organisation working in the rural as well as urban areas of Andhra Pradesh. VMM works to promote comprehensive social, economic and political development for women, children and youth in vulnerable situations including Child marriages, thereby empowering communities in A.P to improve their quality of life, and build a better civil society in India</p>
<p>The Coexist Initiative – Kenya</p> 	<p>The Coexist Initiative was founded in 2002 and officially registered in 2005 as a non -profit network for men and boys organizations that work in the areas of sexual and gender – based violence (SGBV) and HIV prevention in Kenya. The Coexist Initiative is unique insofar as it targets males in order to effect change. They advocate against child and forced marriage, against female genital mutilation, and other rights and societal benefits.</p>
<p>Seyaj – Yemen</p> 	<p>The Seyaj organisation for childhood protection is a non-profit volunteering and independent nongovernment organisation specialising in defending child rights through monitoring, documentation and providing judicial advocacy. psychological support and education for child victims of crimes and violations including child marriage</p>

<p>Forward – UK</p> 	<p>An African diaspora network, FORWARD was established in 1983. The International nongovernmental organisation is a women’s led campaign which seeks to advance and safeguard the reproductive health of African women and girls. FORWARD strives to tackle FGM, child marriage and gender-based violence through educational workshops, advocacy, support programmes and information sharing.</p>
<p>Girls UP – USA</p> 	<p>Girls UP has dedicated advocacy and organisational efforts to ensure child marriage legislation is a priority in the US Foreign Policy Engagements. In March of 2013, their efforts were rewarded with a victory for women and girls living in the United States and abroad as The US House of Representatives passed the long-awaited child marriage legislation as part of a broader Violence Against Women Act.</p>
<p>Breakthrough- global</p> 	<p>Breakthrough is a global human rights organisation seeking to make violence and discrimination against women and girls unacceptable. They use the power of arts, media, pop culture, and community mobilisation to inspire people. In their program to end child marriage, they work directly within the communities in the Indian states of Bihar and Jharkhand, which have among the highest rates of child marriage in the country. Breakthrough is a Pixel Project partner</p>
<p>Egyptian Foundation for Advancement of the Childhood Condition – Egypt</p> 	<p>This organization works to improve legal conditions concerning children’s rights and development in Egypt</p>

Zasha Doosuur. Responses to points raised by the Research Ethics Panel, Queen Margaret University. 2nd October 2012.

1.* The issue of whether young married girls can give informed consent for this research project is a very important consideration. In order to help the Panel decide whether approval can be granted for this, you are asked to provide information or evidence to assure the Panel that, within the distinct Nigerian context, married girls in this age group are treated as adults, especially in relation to their health. For example, do they give informed consent for vaccines and other medical procedures? It is suggested that one way to address this requirement might be to seek a supporting statement from the host organisation. However, the Panel would be willing to consider alternative sources of information or evidence, if these can be identified and provide sufficient assurance.

Response: The cultural view of married adolescent girls as adults are common in this region of the world (Nairaini, 1998; Mattheison, 2006) by virtue of the roles and responsibilities ascribed to them. However, establishing the premise of her adulthood on the grounds of her ability to give informed consent for vaccines and medical procedures might prove problematic in this context. For instance, local beliefs held by Muslim religious leaders that vaccines contain HIV causing and anti-fertility agents (Obadare 2005; Yahya, 2006; Jegede, 2007) has led to very limited acceptance in Northern Nigeria. Furthermore, *like many women of any age* in most parts of Africa, married adolescents may need to obtain husbands permission for medical procedures (Population Council, 2005).

To further support this, I have also attached a joint letter from Dr's Judith-Ann Walker and Yahaya Hashim, who are both directors of "Development Research and Project Centre Kano" where the latter also serves as a member of the National Health Ethics Committee in Nigeria. Here they argue that within this context, married adolescents are indeed seen as adult women who can consent to take part in this research. (See attached letter).

Nevertheless, I will treat these girls with utmost respect and sensitivity and ensure that the information pertaining to this research will be provided and relayed to her in a way that she

understands which will help her make an informed choice. She also has the option of consulting with someone she trusts who can also ask more questions from the researcher or a member of the organisation on matters she or they are not too clear about. I have also stated that if on arrival I am advised by the host organisation or other local experts in that community that I will have to seek consent from the husbands too, I will explore that option.

2. *Further clarity on the strategies for dealing with significant risk is required. You are also asked to explain how 'significant risk' is defined and assessed.

Response:

Significant risk will generally include a risk of physical or psychological harm. To assess significance of risk, the following dimensions will be considered:

- The likelihood of harm occurring
- Seriousness of physical or psychological consequences
- Whether the risk is immediate

Such risks are difficult to quantify (ERSC, 2010) and will largely depend on the perception of the risk. However, the specific definition of what will be defined as significant risk for this research will depend on detailed discussions and guidance with the host organization.

Strategies to deal with these occurrences will rely on available resources and locally relevant advice that I will get from the host organization. Furthermore, if in the course of interviews, I see or hear something that gives cause for concern, I will first of all ask the participant on the best course of action to take where they can either speak to someone who could help, or I could refer them to someone who can. In situations where I am unclear about whether to take action, I will discuss the situation with a member of the organisation in a manner that still maintains confidentiality and anonymity of the participant.

Referrals will be made to the organization as they have trained counsellors who are conversant and skilled at dealing with issues common to these group of girls and know resources and strategies available for them. This organization is also affiliated with other organizations e.g. Local domestic abuse center in the community where they can further refer these girls to if the need arises.

3. * The issue of coercion is raised, but a fuller description of the process of recruitment would help in the assessment of whether the risk is negligible or significant. Some questions you might want to address in the revised description of the recruitment process are as follows: Are the girls all spoken to together? Will there be an opportunity for each girl to respond in confidence in order to avoid peer pressure/coercion? Similarly, how are the interviewees identified and approached?

Response:

The organization will act as the first port of call for explaining the research to the girls. As such, the staff of the host organisation will introduce the research in a group setting; normally one of the group sessions they have with the girls. This preliminary introduction will be done using the guidelines provided on the information sheet. The girls will not have to respond in a group setting but can approach me as they will be told of times I will be in the office and where I will sit. This will be about a week after the initial introduction so as to give them some time to think about partaking in the research or not. I will further ensure that the girls who approach me with interest understand and comprehend completely all that is on the information sheet a second time. This will be done with the help of the interpreter.

I will be running focus groups (3 consisting of 6-8 girls) firstly before conducting individual interviews. After consent has been granted from the girls, I will collect demographic information which will assist me in grouping the girls for the focus groups. I will then request a meeting with each group preferably after sessions with staff of the organization to decide on a meeting time and place. If this will prove too cumbersome, I will try to meet the girls outside their time with the organization.

After FGD's, interviews will take place with 20-30 girl. The interviewee's will be first identified from the focus group discussions as girls in whom developing categories in the data (using theoretical sampling in grounded theory) appear more significant as they will be able to provide me with more information on those issues. Also, these might be girls who are more forthcoming in answers and participate more in the FGD's. I will approach these girls individually either after one of the sessions with the organization where I will ask if it's okay to meet with me again to clarify some issues after which a time and place will be chosen by her and agreed upon.

Appendix 3: Letter of Support to QMU Ethical committee explaining contextual understanding of participants



No.63B Sultan Road, Nassarawa GRA, Kano State

[REDACTED] ⁸⁰

[REDACTED]

15th September 2012

TO WHOM IT MAY CONCERN

The development Research and Projects Centre (dRPC) is an established non-profit which has been conducting qualitative research on reproductive health and HIV/AIDS issues and problems in Northern Nigeria since 1995. We have conducted studies with funding from bilateral, multilateral development partners as well as from Foundations and Charitable organizations and have been trained in the ethics of community-based research by Family Health International. The Directors of the dRPC both hold PhD Degrees in Development studies from the Institute of Social Studies, the Hague and one of the founders of the Centre is a member of the National Health Ethics Committee. The Chairman of the Centre is Dr. Raufu Mustapha, Lecturer in Development Studies, Queen Elizabeth House, Oxford University.

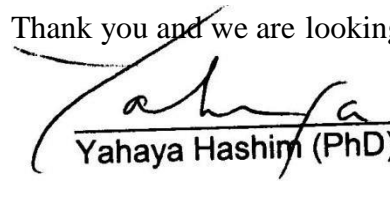
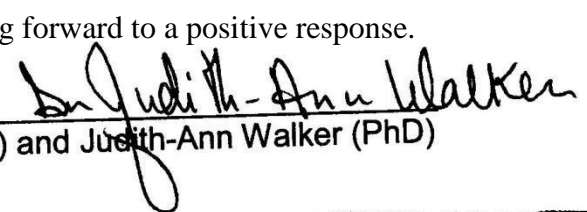
On the request of post-graduate student - Doosuur Zasha, we write to provide a context to advance the understanding of the ethical protocol related to primary data collection with married adolescents in Northern Nigeria. We will like to confirm that the research protocol generally practiced in Northern Nigeria is that married adolescents are treated as adults capable of

⁸⁰ Emails and phone numbers redacted to ensure confidentiality.

understanding the informed consent procedure and capable of deciding whether or not to participate in research. The issue of whether or not their health seeking behavior is determined by their ability to make autonomous decisions is generally not viewed as an indicator of their ability to participate in research. This assumption underpins research conducted by most international development partners. As would be expected the protocol differs markedly with regard to unmarried adolescents. We are informed that Doosuur Zasha's research is restricted to married adolescents. We will be quite willing to offer further explanation on this issue if required. Thank you.

Sincerely,

Thank you and we are looking forward to a positive response.

 
Yahaya Hashim (PhD) and Judith-Ann Walker (PhD)

Appendix 4: FGD & Interview Guide

1.1 Focus group guide

Married female adolescents

- Welcome participants
- Introduce myself and moderator.
- Overview of the topic (Marriage as a young girl). Will also explain/ask if it's okay to individually invite some of them later on to clarify some issues that have been raised in group setting.
- Appreciate their presence and involvement and will also get back to them on the findings of the project either personally or through the staff of the organisation.
- Will assure of confidentiality again (after doing so during the consent procedure) and explain that the girls do not have to talk about themselves but can refer to girls like them.

They should only share what they are comfortable sharing.

Will also check to ensure that they understand the presence of the tape recorder (Again, will do that during the consent procedure).

Respect each other and not to repeat what is being said in this group to others outside.

- General ground rules
 - No answer is right or wrong; just tell me what you think about the question even if someone has given a different answer. Respect each others views.
 - Importance of speaking up
 - You can tell me if you want me to refer to your real name now (but I will change it when I am writing) or you can choose any other name you would prefer for me to use now and when I am writing.

Questions

1. What is it like to be married as a young girl?
2. What do you enjoy most about being married?
3. What don't you like about being married?
4. Are these experiences the same or different for those that are mothers and those that aren't?

What makes them different?

5. What are the problems/ Issues that young married girls like you face?

ALTERNATIVELY a picture of a married girl (will work with organisation on how best to represent that) and ask what issues a girl like that faces.

6. Which of these issues is most important to you?
7. How do you usually deal/ handle/ manage such problems
8. Think back to the times you have been unwell/ sick.

Who do you go to? What do they do?

Where do you go? How far?

Might there be situations when you don't tell anyone you are sick? When? Why? What do you

do? 9. Think of the problems you mentioned (Will read them out again). What do you think can be done to help girls like you live better lives Who can help the most?

What can they do?

How can they do that?

10. Who are the people in this community you are close to? That supports you?
11. Of all the things we discussed what is more important to you? Let me summarize what we have discussed today. Do you want to add anything?

Interview guide with young married girls

1. Tell me about your life as a married girl.

What do you like about being married? Any positive occurrences since you have been married
What don't you like?

2. What makes you feel happy? When are you most happy

3. What makes you feel sad? When are you most sad

4. What challenges or problems do you face as a young married girl? Which is more important to you?

5. Describe a typical day in your life.

6. What do you like most about yourself? Was there any event that made you realize this about yourself?

7. Think about the times you were not feeling well. Can you tell me about what was the matter? What did you do? Who did you go to? What did they do/ say?

8. Have there been times you felt very unwell? What was the matter?

9. Who are the people that are closest to you? Either in your house or you community/ Can you tell me about the people you think are most important in your house and community?

10. Has anyone in particular been very helpful when you are sad or sick? How have they been helpful?

11. Who normally makes decisions in your house and community?

12. Think of a decision that was taken that you wish you could change. What was the decision? Who made it? How did it affect you? What do you think you would change about it?

13. How do you think you can live a healthier life?

14. What areas in your life do you need more support? Who can help you with this and how will they do it?

15. If you feel unwell in the future what will you do? Is there anyone who you think will be able to help?

16. How do you think you can live a healthier life? Who are the people that can help? What can they do?

17. Think about young girls like you that might soon be married. What kind of support do you think will be helpful to them from the start of their marriage.



Queen Margaret University
EDINBURGH

Appendix 5: Information Sheet and consent form

My name is Doosuur Zasha. I am from Queen Margaret University, Edinburgh where I am going to school. I am interested in learning more about what you and girls like you need in order to live healthy lives.

This research can help me and others to learn about what it is like to be married at a young age, what happens when you are not feeling well and how you think you can live healthy lives. This project can provide more information on how to create better services for girls like you in the future.

I am looking for about 20-30 Hausa married girls anywhere between the ages of 10 and 19 to take part in this research. If you agree, you will be asked questions about your experiences as a married girl, who and where you go to when you need help or are not feeling well and what you think can be done for girls like you.

There is a risk that you might become upset at some questions that I might ask you but I will do all I can not to cause that and you do not have to answer the question if you do not feel like it.

I will be asking you questions in a group of girls like you and later, I may approach you after that so that you can answer some more questions I might have. You may pick a time and place that is ok for you to meet with me and anytime this happens, I will not keep you for more than an hour.

I will also provide some small refreshment for you when you come.

Since I do not speak your language, there will be another friendly lady present who will tell you what I would like to know from you and also help me understand what you are saying.

Whatever you tell me, and this lady will remain between us and we will not tell anyone what you have said. However, if I see or think that you might be hurt or in danger, I will discuss with you on how we can approach someone to help you.

I will ask for your permission to use a recorder but if you do not want me to use it, I won't. Nobody will be able to recognize you as I will give you a new name in the recordings or you can choose one yourself, will change the name of your village and any other thing that might let someone know you were the one that spoke to me.

Also, if you agree to take part in this research, the staff member from the organization who introduced me will continue to support you as usual.

I will write about what you have told me in books to share what I learnt from you and girls like you. But again, no one will be able to know you are the one that spoke to me.

You are free to ask questions about anything you are not clear about.

You are also free to stop meeting with me at any time without giving me a reason and that will not mean you cannot continue to attend meetings by the organization and get their support.

If at any time you feel that you want to stop meeting me, you are free to do so without giving me a reason. And you will continue to have your usual meetings with the host and continue to get the support that you are used to.

I will be here for a period of about 6 months but will only meet with you twice during my stay here.

You do not have to give me an answer now and you can let me know what you decide in a week or so. You can either tell me in person that you understand everything I have said and agree to take part, or you can bring someone along if you like, who you trust and can read to help you sign a paper saying that you have agreed for the research.

If you will like to discuss this again with me, I will be in the organization on these days of the week (will decide that when I arrive) or you can call me on this number (will provide a mobile number separate from my personal number in Nigeria.).

Contact details of the researcher

Name of researcher: Doosuur Zasha

Address: PhD Student, Institute for International Health and Development,
School of Health Sciences
Queen Margaret University, Edinburgh
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Email / Telephone: dzasha@qmu.ac.uk/ the number I will use for research purposes when in Nigeria

You can also talk to:

Name of adviser: Oonagh O'Brien Institute for International Health and Development,
School of Health Sciences
Queen Margaret University, Edinburgh
Queen Margaret University Drive
Musselburgh
East Lothian EH21 6UU

Email: oobrien@QMU.ac.uk

Phone: 44 (0) 131 474 0000

Witness consent form

CONSENT TO PARTICIPATE IN RESEARCH STUDY (A witness form)

STUDY TITLE: Addressing the health needs of married female adolescents in Northern Nigeria through advocacy and participation: An inquiry into the Northern Nigerian context.

I confirm that the researcher has explained the elements of informed consent to the participant. The participant is aware of all the risks and benefits and understands issues of confidentiality. The participant knows that their participation is voluntary and can withdraw from the study anytime without any consequences in terms of services from the organisation (named at the time).

Witness _____

Name _____

Witness _____ Signature

Participant Name

Appendix 6 Two Examples of Memos

1) Name: Perceptions of marriage

Description: Normal, expectation.

Created On: 02/08/2014 17:45:36

Created By: D.Z

Size: 2 KB

Zarah sees being married as normal..., how is her perception defined? From past events.? How have the events that have led them to where they are continue to shape who they are? Is it a good thing? Am I asking if it's a good thing based from an outsider standpoint? Or after looking at the health consequences of early marriage? Possibly. How do they girls justify it....? Addressing problems from the roots of "history" itself? Who makes up history? Who passes down information that makes up history? Older ones. Parents, Villages elders... Starting to sift through those ideologies. Beginning to understand where these are rooted as this will help in understanding their constructions.

Linked Item

Internals\\M6

2) Name: Local chemist and health care

Created On: 04/08/2014 15:36:35

Created By: D.Z

Modified On: 04/08/2014 15:42:23

Modified By: D.Z

Size: 2 KB

It is interesting to me seeing how these girls turn (in most cases) firstly of all go to the local chemist to meet their health needs so to speak. I had reason to visit the chemist during my stay to get groceries (as he stocks them too) as well as some pain relivers for mild headaches. This local chemist is a boy of no more than 15 years of age. Although some girls say they already know what to get as a result of past health episodes and visits to the doctors, they rely on, and they seem to have faith in this small boy. In retrospect, I should have asked if they thought the young age of this chemist presents any case for doubting his diagnosis as it may seem. The chemist or PPMVs call is a driving force in the Nigerian economy as it were and if well trained, these chemists can arguably supplement the healthcare system and provide a much-needed point to address the health needs of the girls. However, when they are not qualified to deal with these cases, they can present a hindrance and even worsen issues.... Girls speak of going to hospitals as conditions worsen. Poorly prescribed medications, incorrect doses? Outdated medication? etc., maybe the illness just naturally worsens. A sweeping generalization on my part maybe... it will be useful to analyze chemists as first port of call in seeking many health issues- especially those seen as severe.

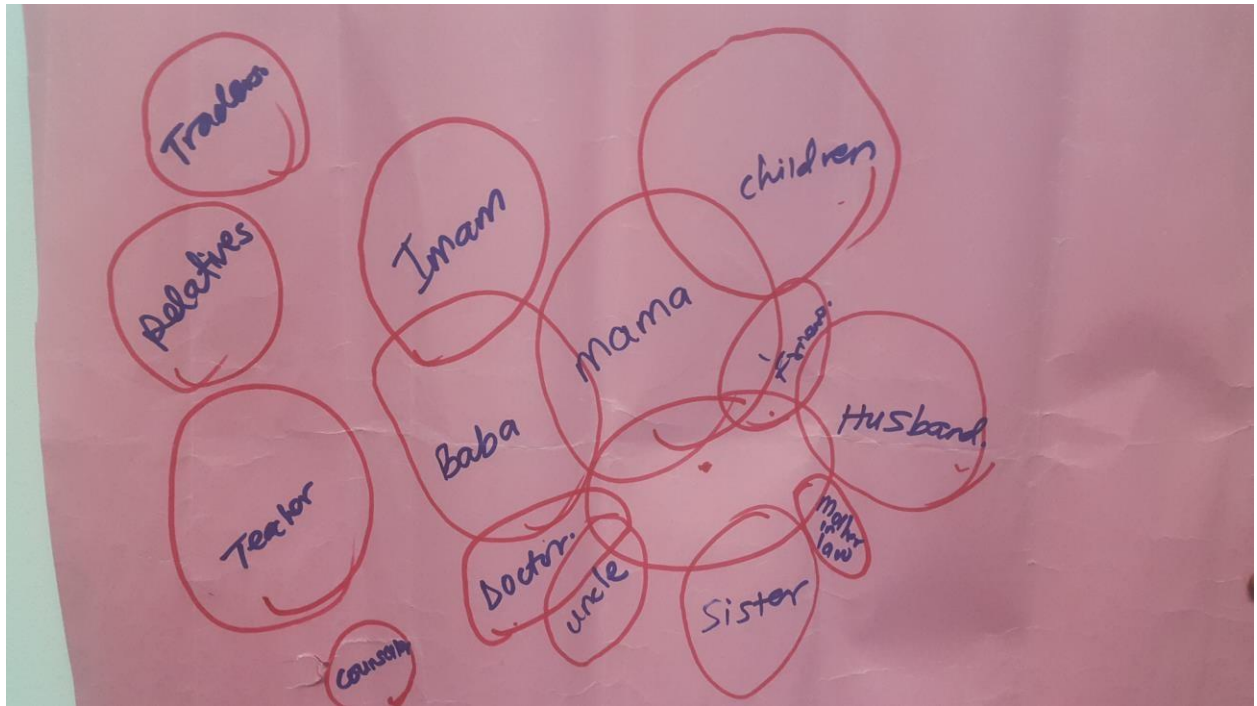
Linked Item

Internals\\M13

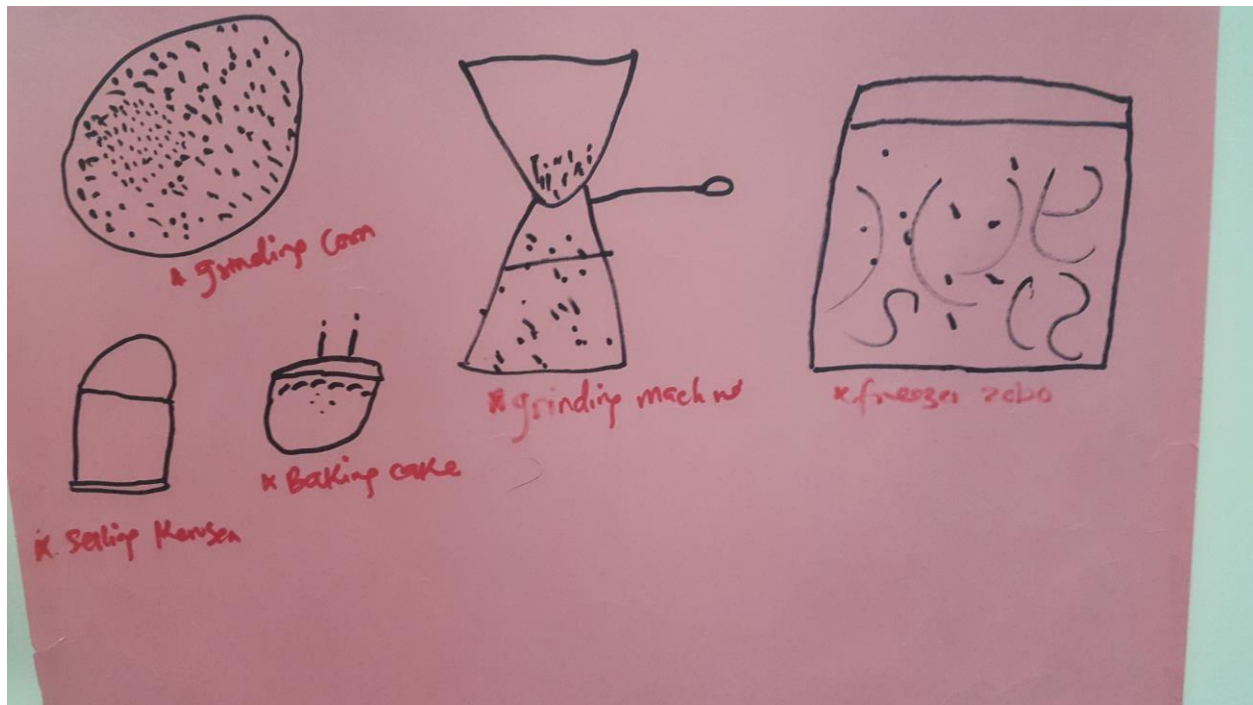
Appendix 7: Examples of some PRA Exercises (Simple drawings, a Venn diagram and body map)



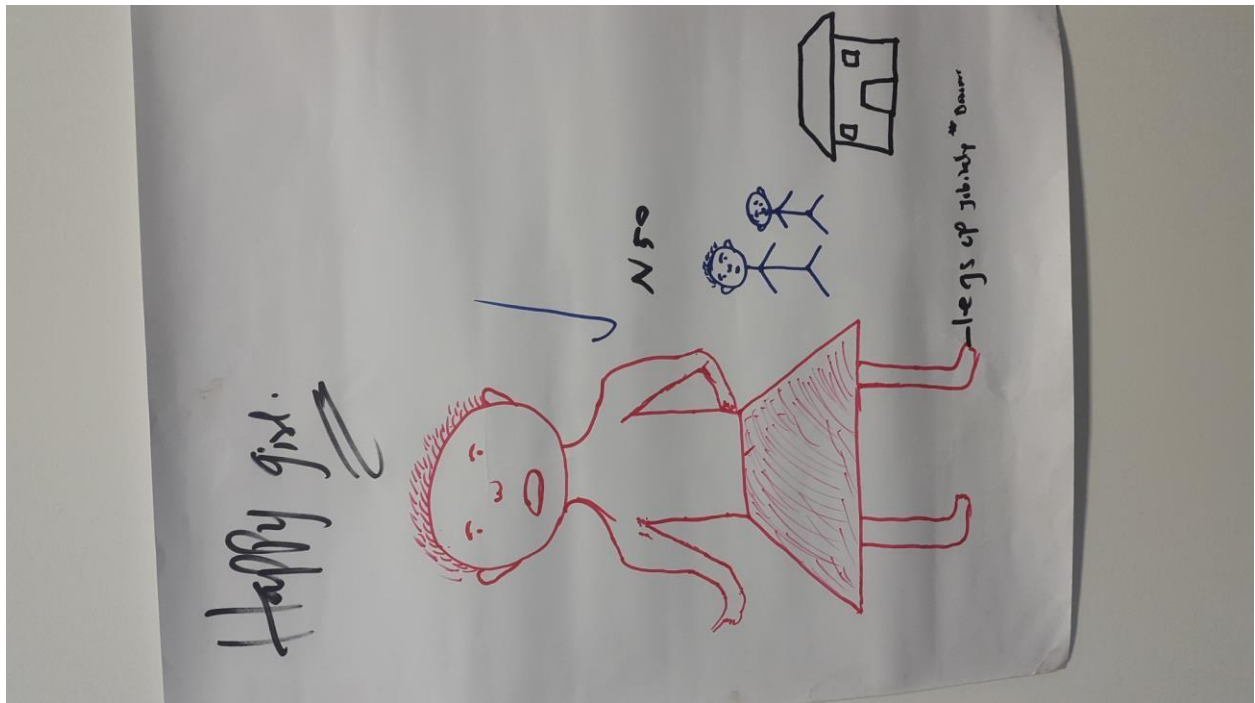
An Example of preserving anonymity i.e. no faces shown in the picture. Drawing of Various businesses.



Venn diagram showing relationships



Drawing of businesses



Simple diagram showing a happy girl.

Body Maps drawn by the girls and labelled by myself at the request of the young girls.

